

You can use this form to make a medical claim from your Medical Account and/or a cash withdrawal from your Interest Account. Please refer to the guidance notes overleaf when making a medical claim. If you would like any help completing this form you can contact us on 01924 240164. *Once your form is complete, simply return it using our freepost address: Freepost KINGSTON UNITY (Please note, this is the full address).*

1. Member details

First name		Middle name(s)	
Surname			
Member ID		Date of birth	
Address			
		Post code	
Telephone		Email	

2. Medical Account claim (only complete this section if you wish to make a medical claim)

Number of receipts enclosed		Total cost of treatment(s)	£
Nature of claim			

We will pay up to 100% of the claim amount, if there are enough available funds in your Medical Account provided a minimum balance of £10 remains. If there is not enough credit, but you have funds in your Interest Account then we can pay the balance of the claim from your Interest Account. Please indicate below how you wish to claim:

Please select one	<input type="checkbox"/> 100% of claim (using Interest Account funds if necessary)
	<input type="checkbox"/> Up to 100% of claim (from Medical Account only)
	<input type="checkbox"/> A specific amount (up to 100% of the claim) <i>Please specify</i> £ <input type="text"/>

3. Interest Account withdrawal (only complete this section if you wish to make a cash withdrawal)

Withdrawal amount	£ <input type="text"/>	<i>A minimum balance of £10 must remain in your Interest Account.</i>
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4. Bank details for payment

Name(s) of Account Holder(s)											
Sort code	<input type="text"/>	<input type="text"/>	<input type="text"/>	Account number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

5. Sign & date

I confirm I wish to make a claim from my Medical Account and/or a withdrawal from my Interest Account

Sign Here 	Date dd/mm/yy <input type="text"/>
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for office use only

MC HO ACC 7188	<input type="text"/>	IA HO ACC 7189	<input type="text"/>	Initial / Date	<input type="text"/>
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1. When making a medical claim you **must provide us with a receipt** which shows your name, address, practitioner details, payment amount and date of treatment.
2. We recommend that the claim be submitted within 6 months of the date of the receipt. Any receipts older than this may be harder to validate with practitioners and could result in the claim being rejected. We will consider all claims up to 12 months old.
3. You can claim from your Medical Account for the following treatments/expenses:
 - Dental treatment
 - Medical treatment/consultations
 - Optical and ophthalmic treatment
 - Chiropody treatment
 - Payment towards the cost of convalescent home treatment (subject to approval).
4. We will pay up to 100% of the value of the claim, providing you have enough credit in your Medical Account. Where there is not enough credit in your Medical Account but you have enough credit in your Interest Account to pay for the remainder or part-of, you can claim from your Interest Account to cover the remainder or part-of.
5. If you wish to make a claim from your Medical Account to cover treatment for which you have not yet paid for it may be possible for us, in certain circumstances, to pay directly to the treatment provider. You will need to contact us first for your claim to be considered.

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For medical claims please enclose any receipt(s).