

Claim form for holders of go-active or Asset policies

You can use this form to make a claim on either your go-active or Asset health care cash plan policy. Please refer to your policy terms and conditions to check which benefits you are eligible to claim for.



If you have any questions please contact the Sovereign Health Care claims team on **01274 841160**. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

Section A – about you

Please complete the fields below:

Policy number: SP _____

Title _____ Full name _____

Address _____

Postcode _____

Please provide your contact details below:

Telephone _____

Mobile _____

Email _____

Please provide the name of the company you work for: _____

If you have another Sovereign Health Care cash plan policy please enter your policy number here: SP

We will process your claim against both policies to ensure you receive the maximum cash benefit. Please note the total amount paid to you cannot exceed the total value of your receipt(s) and payment will be made up to the maximum cover level of your policies only.

Section B – about your claim

Who are you claiming for? Please tick as appropriate and provide the additional information requested.

Myself My date of birth ____/____/____ My dependant child Child's date of birth ____/____/____

Dependant child's name: Master/Miss* Full name _____

*Delete as appropriate

Which benefit(s) are you claiming for? Please tick as appropriate. You can claim for multiple items on the same form but you must claim within six months of the date any treatment was received.

Optical Dental Physiotherapy/Chiropractic/Osteopathy Hospital consultant fees
Chiroprody/Podiatry Reflexology/Homeopathy/Acupuncture Health screening
Hospital day case admission (please also see the section below)

Please add up the total receipt(s) values and enter the amount here: £ _____

Please enclose all original named receipts with your completed claim form. Receipts for dependant children must be in their name and separate to the policyholder. Each receipt must be in the name of one person only.

Hospital day case admission - for Asset policy holders, hospital day case admission is a fixed daily payment dependent upon your level of cover. You must have this section of the form stamped and signed by the hospital where you received treatment.

Nature of treatment/procedure Date admitted ____/____/____	Hospital stamp Signed _____ Date ____/____/____
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Section C – declaration

I confirm the amount(s) shown on the attached receipt(s) are only for those charges incurred by myself or on behalf of my dependant child. I confirm my dependant child is under the age of 17 and resides with me at the address above. I also confirm my claim is only for treatments covered as detailed in my go-active or Asset policy terms and conditions. Occasionally we may request from you, your GP or health care provider a medical report to verify a claim. By signing this declaration you consent to us doing this. If we make such a request, checks will be carried out in accordance with the Access to Medical Records Act 1988 and the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. If we do seek additional information and/or if your GP or health care provider makes a charge for completing your claim form, we will not pay for any amount you may be charged by them for doing this. Sovereign Health Care complies with the Data Protection Act 1998.

Policy holder signature _____ **Date** ____/____/____

Next steps: Please ensure you have completed all relevant sections of the claim form and have signed and dated section C. Then return your completed claim form and original named receipt(s) in an envelope to Sovereign Health Care, Royal Standard House, 26 Manningham Lane, Bradford BD1 3DN. Please remember to affix the appropriate postage stamps to the envelope.

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