Claim form for Asset, go-active and Merit policies

You can use this form to make a claim on your Asset, go-active or Merit 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 customer relations team on **01274 841130**. Lines are open Monday to Thursday 9am to 5pm and Friday 9am to 4pm.

Sovereign Health Care

Section A - about you

Please complete the fields below:

Policy number:

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:

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 dependent child ☐ Child's date of birth ____ /____ /_____

Dependent 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.

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

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 dependent 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 and Merit policyholders, 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, clinic or medical centre where you received treatment.

Nature of treatment/procedure

Date admitted ____ /____ /_____

Hospital/Clinic/Medical Centre stamp

Signed _____ **Date** ____ /____ /_____

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 dependent child. I confirm my dependent 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 policy terms and conditions.

Occasionally we may request a medical report from you, your GP or health care provider/practitioner 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, the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and the General Data Protection Regulation (EU) 2016/679 and national laws which relate to the processing of personal information. If we do seek additional information and/or if your GP or health care provider/practitioner makes a charge for completing your claim form, we will not pay for any amount you may be charged by them for doing this. These charges will be your responsibility. We are members of the Health Insurance Counter Fraud Group (HICFG) and will share information about suspected fraudulent activity with HICFG. For further details about how your personal information is used and your rights in relation to the information we hold about you, please see our privacy policy available on our website or contact us if you require a hard copy.

I consent to Sovereign using the information contained in this claim form and any ancillary documentation to process my claim, and to them contacting my GP or health care provider/practitioner to request a medical report where necessary to verify my claim.

Policyholder 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.