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## Name Above Claim

**medical & other expenses claim number: claim form - csal** - please use the above address for all correspondence & quote the above claim number in all subsequent communication. when the claim form is received we aim to process it in five working days. if original documents are being sent, we recommend sending via recorded delivery. **cancellation claim number: claim form a claim number will be** - please use the above address for all correspondence & quote the above claim number in all subsequent communication. when the claim form is received we aim to process it in five working days. if original documents are being sent, we recommend sending via recorded delivery. **baggage & money claim form - staysure** - if we have read and fully understood the above declaration. insured name signature date of birth date of signature . baggage & money claim form claim number: ... **claim form 0345 602 4797 - petprotect** - shown above • this claim form is only valid for the period of insurance as stated above • payments for treatments received after the current period of insurance shown above will be paid as separate claims under your renewal policy • if you are claiming for the death benefit, please include an original receipt for the purchase price and a pedigree certificate if applicable • please ... **benefits claim form - bawaz** - employer's name (if applicable) clock number declaration and signature i confirm the above is correct and i consent to bawa healthcare & leisure confirming details of the treatment and payments pertaining to this claim. **claim form - concordiasettlement** - the claims administrator will use this information for all communications regarding your claim form. if this if this information changes, you must notify the claims administrator in writing at the address above. **cash plan claim form - sovereignhealthcare** - i confirm my dependent child is under the age of 18 and resides with me at the address above. i also confirm my claim is only for treatments i also confirm my claim is only for treatments covered as detailed in my policy terms and conditions. **benenden health cash plan claim form** - bhsf can be contacted using the details above. declaration. the information shown on this form is true and correct. i understand that serious action may result from the submission of a false or misrepresented claim. i confirm that any medical or other practitioner or any other person who has provided healthcare or services for which benefit is being claimed may give bhsf information necessary ... **health cash plan claim form** - claim form policyholder treatment received by (to be completed if different from above) claim payments declaration and access to medical reports act 1988 return to: uk healthcare, ground floor, regent house, folds point, folds road, bolton, lancashire bl1 2rz title surname first name(s) policy number contact number date of birth address postcode email title surname first name(s) date of birth ... **el1 claim notification form - justice** - claim notification form (el1) low value personal injury claims in employers' liability - accident only (£1,000 - £25,000) claimant's representative - contact details name address contact name telephone number e-mail address reference number defendant's details defendant's name defendant's address\* policy number reference (if not known insert not known) insurer/compensator name (if ... **nhs dental claim form - union-benefits** - person receiving treatment (policyholder or partner) claim description of treatment title surname first name(s) **apprenticeship grant - application** - • the full name of the apprentice • the full vq diploma or apprenticeship standard course title and level, including the sub-category • the apprentice's start date with the college or training provider. if you do not provide the above with your claim form, the form will be sent back to you and this could delay or stop your access to grant funding. i am supplying evidence from the ... **health cash plan claim form - union-benefits** - first name(s) date of birth treatment claimed for amount of receipt account name sort code account number please tick signature date i declare that the above information is correct. i understand that fraudulent claims will result in legal action and cancellation of my membership. i hereby authorise the relevant medical practitioner to divulge any information relating to the above claim. y y y ... **claim form - argos pet insurance** - if this pet was referred to you, please advise the name and address of the registered vet who referred the pet and submit the referral letter/report with this claim. if a house call was made, you must confirm below why it was absolutely essential. **health cash plan claim form** - i declare that the above information is correct. i understand that fraudulent claims will result in legal action and cancellation of my i understand that fraudulent claims will result in legal action and cancellation of my

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