

# Protect – Affinity Group claim form



## About this form

This form is to be completed by the Affinity Group we're insuring.

Please use BLOCK CAPITALS.

If you have any copies of consultant/GP letters, please provide these along with the fully completed form.

If you need to check whether a specific condition or procedure is covered under the policy, please get in touch with us using the contact details at the end of this form.

To protect against financial crime, we may need to confirm the member's identity from time to time. We may do this by using reference agencies to search sources of information about the member (an identity search). This will not affect the member's credit rating. If this identity search fails, we may ask the member for documents to confirm their identity.

This form occasionally uses technical terms. You can find the definitions of these words in your policy terms and conditions. Please ask us if you have any questions about these.

## 1. About the Affinity Group

- 1.1 Affinity Group name
- 1.2 Policy number
- 1.3 Affinity Group contact name
- 1.4 Telephone number
- 1.5 Email address



## 2. About the member

- 2.1 Mr/Mrs/Miss/Ms/Other
- Member's surname
- Member's forename (including any middle names)
- Member's date of birth (DD/MM/YYYY)
- Member's National Insurance number
- Member's address
- Postcode
- Member's email address
- Member's telephone number


## 2. About the member continued


2.2	Affinity Group membership number	<input type="text"/>
2.3	Membership start date: (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.4	Member's occupation (if known)	<input type="text"/>
2.5	Amount of benefit claimed (if known)	£ <input type="text"/>
2.6	Is membership of your Affinity Group still active	<input type="checkbox"/> Yes <input type="checkbox"/> No If you have answered 'No' to question 2.6, please tell us when the membership ended? (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
2.7	Are membership fees paid up to date	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, please confirm the date fees were paid up to? (DD/MM/YYYY) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 3. About the member's child

 The policyholder should complete questions 3.1 to 3.5, if the claim is being submitted on behalf of the member's child. Otherwise, go straight to section 5, the 'Policyholder's declaration'.

3.1	Surname	<input type="text"/>
3.2	Forename(s)	<input type="text"/>
3.3	Date of birth (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
3.4	Relationship to the member:	<input type="text"/>
3.5	Date they became eligible for inclusion (DD/MM/YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

## 4. Member's bank details

 If the claim is successful, we'll pay benefit to the bank account that the member used to pay their membership fees.

4.1	Please confirm the details of the bank account that the member has used to pay their membership fees. This may be a personal or business account.	Account name <input type="text"/>
		Account number <input type="text"/>
		Sort code <input type="text"/>

## 5. Fraud prevention

The personal information Legal & General collects from you will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share the information you provide with other organisations and public bodies, including the police and we may check and/or file these details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how this information will be used by us and these fraud prevention agencies can be found by accessing this link, [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn)

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.

- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Group Protection, Legal & General Assurance Society Limited, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL

Legal & General may also check the details of other parties related to this contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

## 6. Policyholder's declaration



Please share our full privacy policy with the member so they understand what we do with the information you're sending to us. Our full Privacy Policy is available at: <https://www.legalandgeneral.com/privacy-policy/>.

We declare that the above statements are accurate and complete and that the above member is eligible, in accordance with the terms and conditions of the policy issued by Legal & General Assurance Society Limited (Legal & General).

We confirm we have a legal basis to provide Legal & General this information and any further information (including medical or health information) that is required.

We hereby authorise and instruct Legal & General Assurance Society Limited to pay benefit arising from this claim under the policy to the insured member. By carrying out this instruction Legal & General Assurance Society Limited is:

- fully discharged from its liabilities to us in respect of all benefits arising from this claim; and
- fully indemnified from any further claim by us in this respect.

Signature

Print name

Date  
(DD/MM/YYYY)

Position in the  
Affinity Group

When you've filled in this form, you should send it to Legal & General Assurance Society Limited at;

[groupprotection.benefitsmanagement@landg.com](mailto:groupprotection.benefitsmanagement@landg.com)

or;

Group Protection, Legal & General Assurance Society Limited

Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL

## Contact us



**0345 026 0094**

We may record and monitor calls. Call charges will vary.



**[groupprotection.benefitsmanagement@landg.com](mailto:groupprotection.benefitsmanagement@landg.com)**



**<https://www.legalandgeneral.com/employer/>**



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