

To:

The Transport Friendly Society Limited

9 Betterton Street, London WC2H 9BH Tel: 020 7240 8886

Application for Sickness Benefit

<i>I hereby make application for Sickness Benefit</i>			
Name <i>(please print)</i>			
Address <i>(please print)</i>			
		Post Code	
Telephone Mobile: _____ Home: _____			
Membership Number		Grade	
Garage/Location or current occupation			
Nat. Insurance No.		Employee No.	
Nature of Sickness/Incapacity			
Date Sickness/Incapacity Commenced			
<i>(N.B. No benefit is payable for the first 7 days of any period of sickness on policies taken out after 31 December 1995).</i>			
I declare that the above information is true and complete and that the total weekly benefit receivable during my period of incapacity, together with payments from all other sources including state benefits will not exceed 75% of my weekly earnings prior to incapacity. <i>(Please send copies of any relevant medical certificates with this form.)</i>			
Signature		Date	

The Transport Friendly Society is authorised and regulated by the FSA.

