

BENEFIT PROGRESS *Report*

Please fill in the whole form and send it to the address below.

Title (*please tick*) Dr. Mr. Mrs. Miss. Ms.

Surname _____ Forenames _____

Address _____

Postcode _____

Precise Occupation _____ Date of Birth _____

Membership Number: _____ Telephone Number _____

Where you can be contacted during your illness. Mobile telephone are not acceptable

Nature of Incapacity _____

Have you followed any aspects of your occupation or any other occupation since the date of your last certificate?
 Yes No

If yes please give details.

How long do you anticipate total incapacity? _____

Please give precise details of:

1) Any sickness benefits you are entitled to under other insurance/sickness policies:

Name of Insurer _____ Policy Number _____

Deferred period _____ Weekly Benefit £ _____

2) National Insurance Benefits _____ Weekly Benefit £ _____

3) Retirement or Disability Pension _____ Name of Insurer _____

Name of Insurer _____

Policy Number _____ Weekly Benefit £ _____

4) Any continuing Income (if nil, state nil) _____ £ _____

DECLARATION

I hereby declare that I am the person referred to in the above particulars, that I have read over my replies to all the questions and that to the best of my knowledge and belief the information given above or provided separately is true and complete.

I agree to the Society seeking information in connection with this claim and authorise the giving of such information. I have been made aware of my rights under the Access to Medical Reports Act 1988 and I have completed the appropriate consent form.

Signature _____ Date _____

The Dentists' & General Mutual Benefit Society Limited

St. James Court, 20 Calthorpe Road, Edgbaston, Birmingham B15 1RP
 t: 0121 452 1066 f: 0121 452 1077 e: mail@dengen.co.uk w: www.dengen.co.uk

CONFIDENTIAL MEDICAL CERTIFICATE (TO BE FURNISHED AT THE EXPENSE OF THE PERSON CLAIMING)

Dear Doctor

Completion of this form is required to substantiate a claim under an income protection insurance policy. Please complete this certificate and return it to the Chief Medical Officer, The Dentists' & General Mutual Benefit Society Limited, St James Court, 20 Calthorpe Road, Edgbaston, Birmingham B15 1RP.

Your Patient has been made aware of his/her rights under the Access to Medical Reports Act 1988. The appropriate consent form, completed by the claimant, should accompany this claim form.

If there is insufficient room to complete this section, please use the space provided at the end of this form.

| | |
|---------------------------|------------------|
| Name of medical attendant | |
| Qualifications | |
| Address | |
| Postcode | Telephone Number |
| Signature | Date |

| | | | | | |
|--|------------------------------|------------------------------|-------------------------------|--------------------------------|------------------------------|
| Title <i>(please tick)</i> | Dr. <input type="checkbox"/> | Mr. <input type="checkbox"/> | Mrs. <input type="checkbox"/> | Miss. <input type="checkbox"/> | Ms. <input type="checkbox"/> |
| Surname of claimant | | | Forenames | | |
| Occupation | | | National Insurance Number | | |
| Date of Birth | | | Nature of Incapacity | | |
| When did you last examine the above claimant? | | | | | |
| Please give details of treatment and current symptoms: | | | | | |
| | | | | | |
| | | | | | |

Is the Claimant at present

| | | | |
|----|---|------------------------------|-----------------------------|
| a) | Totally unable to follow any occupation? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| b) | Confirmed to bed? <i>(please tick)</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| c) | Able to go outdoors? <i>(please tick)</i> | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

How soon in your opinion will the claimant be fit to resume his/her occupation?

| | |
|--------------------------------------|-----------|
| Full time | Part time |
| or commence an alternate occupation? | |
| Full time | Part time |

ADDITIONAL INFORMATION

Is there any information which you feel will help with the assessment of this claim?

PRACTICE STAMP

The Dentists' & General Mutual Benefit Society Limited

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Incorporated in 1999 under the Friendly Societies Act, 1992 (No. 456F)
 Member of the Association of Friendly Societies. Authorised and Regulated by the Financial Services Authority.