

To: Transport Friendly Society Limited (TFS)  
9 Betterton Street, London WC2H 9BH



## Application for Sickness Benefit

<i>I hereby make application for Sickness Benefit</i>			
<b>Name</b> <i>(please print)</i>			
<b>Address</b> <i>(please print)</i>			
		<b>Post Code</b>	
<b>Telephone</b> <b>Mobile:</b> _____ <b>Home:</b> _____			
<b>Membership Number</b>		<b>Grade</b>	
<b>Garage/Location or current occupation</b>			
<b>Nat. Insurance No.</b>		<b>Employee No.</b>	
<b>Nature of Sickness/Incapacity</b>			
<b>Date Sickness/Incapacity Commenced</b>			
<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>			
<b>Signature</b>		<b>Date</b>	

<i>For office use only</i>	
<i>Telephoned garage for confirmation or medical cert received</i>	

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