

## VHI Claim Form

|                          |                   |                |
|--------------------------|-------------------|----------------|
| <b>First Name:</b>       | <b>Last Name:</b> | <b>Age:</b>    |
| <b>Occupation:</b>       |                   |                |
| <b>Address:</b>          |                   |                |
| <b>Telephone (home):</b> | <b>Mobile:</b>    | <b>e-mail:</b> |

|                        |                   |             |
|------------------------|-------------------|-------------|
| <b>Spouse/Partner:</b> |                   |             |
| <b>First Name:</b>     | <b>Last Name:</b> | <b>Age:</b> |
| <b>Occupation:</b>     |                   |             |

|                    |                   |            |
|--------------------|-------------------|------------|
| <b>Dependants:</b> |                   |            |
| <b>First Name:</b> | <b>Last Name:</b> | <b>Age</b> |
| <b>First Name:</b> | <b>Last Name:</b> | <b>Age</b> |
| <b>First Name:</b> | <b>Last Name:</b> | <b>Age</b> |

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| <p>Please provide brief details of the amount and purpose for which you are seeking assistance. Include a summary of any recent accident, illness or other change of circumstances that has significantly affected your household financial situation.</p> |
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| <p>Has an application been made to Social Security for assistance with your medical accounts? YES / NO<br/>If "Yes", please provide details.</p> |
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|--|---------------------|----------|
| <b>Financial Details.</b>  |                     |          |
| <b>Household Income:</b>   | weekly      monthly |          |
| Pension(s), Income Support, Sickness Benefit etc.  |                     | £        |
| Earnings   |                     | £        |
|  | <b>TOTAL</b>        | <b>£</b> |
| Please provide details of any benefits you have received:  |                     |          |
| <b>Household Expenditure:</b> weekly      monthly  |                     |          |
| Mortgage/Rent  |                     | £        |
| Food   |                     | £        |
| Services (Power/telephone/transport etc)   |                     | £        |
| Sundries (Clothes, household goods etc.), on average   |                     | £        |
|  | <b>TOTAL</b>        | <b>£</b> |
| Do you have any outstanding debts? If so, please give brief details including any repayment terms. |                     |          |
| Has assistance been sought elsewhere for this claim? If "Yes", please provide details.             |                     |          |

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|--|-------|
| <b>I certify that the information provided is accurate and complete.</b> |       |
| <b>Claimant</b> Name:  |       |
| Signature:   | Date: |

|   |                     |
|---|---------------------|
| <b>If completed on behalf of the claimant.</b>  |                     |
| <b>I certify that the information detailed is an accurate and correct record of that provided to me or within my knowledge.</b> |                     |
| Name:   | Title/Organisation: |
| Signature   | Date:               |

|  |   |
|--|---|
| <b>Data Protection</b> (the information provided will be retained electronically unless you object). |   |
| <input type="checkbox"/>   | Only tick this box if you do NOT want this information stored electronically. |