



SPECIALIST INSURANCE FOR THE INDEPENDENT SCHOOLS SECTOR

Fees Refund Insurance Scheme – Claim Form

Claims for the refund of school fees should be submitted as soon as possible and no later than 30 days after the end of the term in which the absence occurred. The Fee Payer should initially complete the form and return it to SFS Group Ltd who will verify the absence with the school. Absences of over 14 days must be verified by a qualified medical practitioner.

Part 1 – to be completed by the Fee Payer. If the claim is for 14 days or more, please additionally arrange for Part 2 to be completed by the medical practitioner attending the pupil.

Name of Pupil: Pupil's Date of Birth:

Name and Address of Fee Payer: Policy No:

Postcode:

Name of School: Location of School:

Total number of days absent: From (date) to (date)

Please confirm the termly fee applicable when the pupil was absent (net of all bursaries/scholarships): £

Please give details of the condition or illness which caused the absence from school:

Was the absence of the pupil due to any sickness, condition or injury that the pupil has received treatment or advice for prior to being covered in this insurance scheme?

Yes [] No []

Signature of Fee Payer..... Date:.....

IMPORTANT NOTE

By signing and returning this form, you agree for SFS Group Ltd to contact the above school and verify the dates of absence and fees paid for the term.

Part 2 – to be completed by the Medical Practitioner (where applicable). This section must be completed by the Medical Practitioner attending the pupil but only if the claim is for 14 days or more. Once Part 2 is completed, please return the form to the Fee Payer for submission to SFS Group Ltd

Are you the patient's usual doctor? Yes No

Please provide details of the injury or illness and the date of incapacity:

When did the patient first receive medical treatment for this condition?

Has the patient ever suffered with this or any similar condition before? Yes No

Please use a validation stamp and/or provide your details and then sign and date this section of the claim form.

Name: Qualifications:

Address:

Official stamp

Postcode:

Signature:..... Date:.....

Duty of Disclosure. It is your duty to disclose to insurers, via this form, any information which is pertinent to this claim. This might include details of medical history, previous claims of a similar nature or other such information. If you are in any doubt, then you should disclose such information as failure to do so could influence the settlement of the claim.

Data Protection. Your information may be held on a database and shared with other parties in connection with this claim such as insurers and claims managers. You have a right to access this information.

Policy Terms and Conditions. All claims are subject to the policy terms and conditions available at www.sfs-group.co.uk

Scheme Manager. The official scheme manager is SFS Group Ltd, Unit 21, Dean House Farm, Church Road, Newdigate, RH5 5DL info@sfs-group.co.uk 01306 746300. The SFS Group is authorized and regulated by the Financial Conduct Authority.