



THE DEVON AND EXETER FOOTBALL LEAGUE BENEFIT SCHEME

BENEFIT CLAIM FORM



PART 1. To be completed by the member claiming benefit and returned to the Club Secretary

NAME (in full)

ADDRESS

OCCUPATION AGE

NAME AND ADDRESS OF EMPLOYERS

1. When and where did the accident occur? (a) Date (b) Time (c) Place (d) Fixture Versus (e) Competition	(a) (b) (c) (d) (e)
2. How did the accident occur?	
3. State nature of injuries (and attach a medical certificate to this form)	
4. (a) Have you been totally disabled by your injuries from attending to any part of your normal duties? (b) If so, from what date?	(a) (b)
5. When does your Doctor anticipate that you will be able to resume any part of your normal duties?	
6. Give (a) Name and Address of the Doctor who first attended you after the accident (b) The Date of the examination	(a) (b)

I hereby declare that all the above statements and particulars are true and complete.

Date Signature

PART 2. To be completed by the Club Secretary and RETURNED TO:

*Benefit Scheme Secretary,
 Mr. C. Painter
 67 Fox Road
 EXETER
 EX4 8NB
 Tel: 01392 669309
 Mob: 07980 937419*

I CERTIFY that the above-named member sustained injury in the circumstances detailed above while playing for this Club in a match against

Date Signed

Secretary of Club

Address

Telephone No.