



## Additional Benefits Claim Form

Policy Number	Agent to whom you paid your premium
<input type="text"/>	<input type="text"/>

Policyholder Name	<input type="text"/>		
Address	<input type="text"/>	Policyholder Tel. No.	<input type="text"/>
		Policyholder E-mail	<input type="text"/>
Name of Claimant	<input type="text"/>	Claimants Birth Date	<input type="text"/>
Claimants Occupation	<input type="text"/>		
NB: Payment will be made to the policyholder unless stated otherwise			

<b>Maternity Benefit</b>	
Date Pregnancy was confirmed	<input type="text"/>
Anticipated Due Date	<input type="text"/>
<b>Paternity Benefit</b>	
Baby's Date of Birth	<input type="text"/>
<b>Adoption Benefit</b>	
Planned Adoption Date	<input type="text"/>

I declare to AXA Insurance UK plc that the foregoing particulars are true and complete.	
I confirm I authorise Towergate MIA to handle my claim on behalf of the insurers.	
Policyholders Signature	Date
<input type="text"/>	<input type="text"/>
Print Name	<input type="text"/>

Towergate MIA, Kings Court, London Road, Stevenage SG1 2GA  
Tel: 01438 739739 Fax: 01438 747465

Towergate MIA is a trading name of Towergate Underwriting Group Limited  
Registered Address: Towergate House, Eclipse Park, Sittingbourne Road, Maidstone, Kent. ME14 3EN  
Registered in England No. 4043759

Auhorised and regulated by the Financial Services Authority