



BAILY THOMAS PROVIDENT FUND

GUIDANCE NOTES - Please ensure that you read these notes carefully as some of the procedures for obtaining support from the trust have changed.

GENERAL

The beneficiaries of the Baily Thomas Provident Fund include any person formerly employed by Mansfield Brewery Company Limited (or any subsidiary or other group company) and their dependants, namely any spouse or widow/widower of an employee or any children under the age of 18, unless they are in full time education.

In the normal course of events it will take at least 2/3 weeks to process your application and provide a response. You should not purchase any goods/services without the prior agreement of the trustees as it is **unlikely** that you will be reimbursed. Urgent applications must also be approved by the trustees. Providing all the necessary information is supplied, including costs, a decision can usually be made within three/four days.

The administration office is open Monday to Thursday 9.30a.m to 4.30p.m. For any urgent requests outside of office opening times please call 07872 518006. Applications are processed weekly, and any forms received after midday on a Wednesday, will not normally be submitted to the trustees until the following week.

Failure to provide all of the information requested **will** delay your application as it will not be submitted to the trustees until provided.

COMPLETING YOUR APPLICATION

- 1 Ensure that you read the form carefully and supply all the information requested.
- 2 The name at the top of the form should be the person requiring assistance. If you are a dependant of a former employee or pensioner and requiring assistance, you are the applicant, and the former employees' details should be given in section 2.3. The application form should be signed by the applicant.
- 3 Invoices can be paid direct to the supplier/hospital/consultant etc. in most instances, you do not have to pay the costs yourself and claim them back. In most cases, if you present the letter of approval you receive from Denise Wilson to the supplier/hospital etc., this is usually sufficient for the trust to be invoiced directly. In some circumstances, the trustees insist on payment direct to the supplier. This will be confirmed in the approval letter, if this is the case.
- 4 Invoices/bills paid by the beneficiary must be receipted by the supplier/hospital etc. on official letterhead, it should include the suppliers name and date of issue, include your name and address and state the type of service and or goods provided. You must attach the original till/credit/debit card receipt obtained when you make your payment. Please note **Photocopies will not be accepted.**

MEDICAL

- 5 The trustees' current policy is to enable beneficiaries to receive private treatment where the alternative would be for the beneficiary not to get, or to wait for an unreasonable time for the necessary treatment. However, beneficiaries should be aware that the trustees provide assistance entirely at their discretion and the benefits provided should not be viewed as a form of private medical insurance.
- 6 All applications for assistance for private medical treatment will first of all be passed to Dr Raian Sheikh, Orchard Medical Practice, based in Mansfield who is retained by the trustees to advise them on all medical applications. You may be required to visit Dr Sheikh before he reports on your application to the trust.



BAILY THOMAS PROVIDENT FUND

- 7 To ensure that your application is processed you must have visited your G.P. and be referred to the NHS waiting list for either a consultation and/or investigative procedures. Your application form will be returned to you if you do not obtain the signature of your G.P./Consultant and the surgery or hospital stamp.
- 8 The trustees may ask you to obtain a second opinion where there is any doubt as to the appropriateness of treatment or cost.
- 9 **Urgent requests for medical treatment – Any urgent medical treatment required is usually provided very quickly by the NHS.** However, the trustees will respond appropriately to any urgent request, but you must telephone the administration office with details of your situation and wait for approval before going ahead. If the office is closed, you can contact Denise Wilson on 07872 518006.
- 10 Details of all costs **must** still be obtained and an indication of when the treatment would be available on the NHS will be required. A verbal decision can normally be obtained within 3/4 days.

HARDSHIP

- 11 The trustees will consider requests for assistance where a beneficiary is suffering hardship through circumstances not of his or her own making.
- 12 An income & assets form will be required together with full details and evidence of all household income and expenditure (copies of utilities bills, council tax, rent/mortgage payments, loan agreements, wage slips, benefits confirmation etc.) The forms can be obtained from the administration office or the fund's web site: www.btpf.co.uk
- 13 Before the trustees make any decision an appointment will be made with a debt advisor who will investigate your situation and provide a report for the trustees.
- 14 Requests for hardship can take much longer to process than other requests.
- 15 You must, wherever possible, be specific about what assistance you are asking for, but you should note that it is not the trustees' normal policy to supplement income or replace income lost through job loss etc.

RETRAINING & EDUCATION

- 16 The trustees will consider supporting beneficiaries with the cost of obtaining degrees; professional qualifications; retraining and the acquisition of new skills.
- 17 You should establish whether your current employer will fund the training in the first instance, where this is applicable, evidence of your employers policy on funding external training will be required.
- 18 Full details of the course; qualification; training you wish to undertake, including the costs of obtaining them; an indication of why you wish to undertake the training and the benefits you will gain should be attached to your application form.

BUSINESS DEVELOPMENT

- 19 The trustees will consider requests for assistance in the cost of business development or start-up where it is not available from local enterprise agencies.
- 20 You will need to provide the trustees with a credible business plan, details of other sources of finance, personal investment and an explanation as to why sufficient funding is not available from other sources.



REQUEST FORM

Office use only

App. No.:

NB. This request form is required to be completed by the person seeking assistance from the Baily Thomas Provident Fund, referred to throughout as “YOU”. Please refer to notes at the end as to who is eligible to be considered as a beneficiary of the Fund.

SECTION 1 – ABOUT YOU “You” are the person requesting assistance

Your Full Name: _____

Your Address: _____

Post Code: _____

Tel.: Home: _____

Work: _____

Mobile: _____

Email: _____

Your National Insurance Number:

--	--	--	--	--

Your Date of Birth: ____/____/____

SECTION 2 – YOUR STATUS - As a potential beneficiary of the Fund

Complete the relevant section below - either: 2.1; 2.2 or 2.3:

2.1 IF YOU ARE A FORMER EMPLOYEE OF MANSFIELD BREWERY

(1) Enclose with this form documentary evidence of your employment such as a pay slip, P45 or other documentation.

(2) Provide your dates of employment:

from _____ to _____

(3) Specify the department/public house in which you last worked:



2.2 IF YOU ARE A CURRENT PENSIONER

(1) Give details of where you were last employed by Mansfield Brewery

(2) Enclose a copy of your pension pay slip:

2.3 IF YOU ARE A DEPENDANT OF A FORMER EMPLOYEE OR PENSIONER

(1) If you are a dependant as husband, wife or registered civil partner attach marriage/partnership certificate as appropriate

(2) If you are a dependant as a child either under the age of 18 or in full time education, attach Long Form Birth Certificate

- If you are a dependant of a former employee or pensioner state the relationship and grounds of dependence

Husband/Wife/Civil partner/Child - Delete as appropriate.

Details of the former employee or pensioner upon whom you are dependant:

Name: _____

Dates of Employment from: _____ to: _____

Place of Employment/Dept. _____

National Insurance Number _____

- Enclose documentary evidence of their employment

SECTION 3 – DETAILS OF YOUR REQUEST

3.1 MEDICAL

If you are applying for assistance to cover private medical treatment, please complete the relevant section below in full. All requests for medical grants will be referred to Dr R Sheikh before being submitted to the trustees. You must have consulted your G.P. and have been referred for a specialist appointment under the NHS before making an application to BTPF.

3.1.1 – Initial consultation

(1) Your medical condition which necessitates your referral _____



BAILY THOMAS PROVIDENT FUND

Name and Address of your GP: _____

(2) Name of Consultant: _____

(3) Cost of private consultation £ _____

(4) When is your NHS appointment (date)? _____

(5) Why are you unable to wait for the NHS appointment?

3.1.2. Investigative procedures and/or treatment required following consultation with specialist or alternative therapies chiropractor/physio etc.

(1) The treatment/tests you require _____

(2) Total cost of tests/treatment £ _____

(3) When can they be carried out on the NHS? _____

(4) Why are you unable to wait for treatment on the NHS? _____

Please obtain your G.P./Specialist's signature as confirmation of the NHS waiting times and costs of private treatment given above, or obtain in writing from the Consultant/Hospital details of the full costs.

Signature G.P./Consultant _____

G.P./Hospital stamp:

Your application will not be processed without confirmation by your G.P./Consultant. We reserve the right to contact your G.P./Specialist to confirm waiting times and costs.

3.2 FINANCIAL HARDSHIP

If you are applying for assistance to alleviate financial hardship, please give full details of the nature of the hardship and of your financial position, using the income and assets form – this is available from Denise Wilson at the Fund Office. Please use additional paper if needed. Note: Before a decision is made, you may be asked to visit a debt counsellor.



3.3 OTHER REASON

If you are applying for assistance for ANY other reason please detail below and provide full supporting information and documentation to support your request.

SECTION 4 – DATA PROTECTION NOTICE

The information supplied on this Request Form will be used to process your application. Your personal details on Page 1 will be retained to update the Trustees' records relating to the employee beneficiaries. Your private financial and medical details supplied in Section 2 and 3 will be retained for a period of six years after the application is received. After this time, these financial and medical details will be destroyed.

Your personal details, including the information you supply in Section 3, will not be disclosed by us to any third parties without your prior consent.

Please note that by returning a completed signed Request Form, you will be giving the trustees your explicit consent to our processing of your personal details as described in this application form. The trustees will contact you if further information is required before your application can be considered.

SIGNATURE:

Signed: _____ Date: _____

By signing this form, and if applicable the statement of assets and income, you are making the following confirmations:

I hereby confirm the information I have given in this form is true to the best of my knowledge information and belief.

I hereby consent to the processing of my personal data submitted on this Request Form by the trustees for the time being of the Baily Thomas Provident Fund as set out in Section 4.

I hereby give my permission for contact to be made with my G.P./Specialist for verification of any of the medical information provided on this form.

Please return the forms and all supporting information to:

**Denise Wilson
Chadburn House
Weighbridge Road
Littleworth
Mansfield
NG18 1AH**

The office is open 9.30 to 4.30, Monday to Thursday [except Bank Holidays].

**Tel: 01623 473290
Mob: 07872 518006
Fax: 01623 473279**

**Email: bailythomas@btpf.co.uk
Website www.bailythomas@btpf.co.uk**



BAILY THOMAS PROVIDENT FUND

Office use only
App. No.:

STATEMENT OF ASSETS AND INCOME

<u>FULL NAME:</u>	<u>DATE:</u>
--------------------------	---------------------

<u>ASSETS</u>	<u>YOURSELF</u> £	<u>YOUR PARTNER</u> £
<u>Give total Value of Asset</u>		
Cash at Bank/Building Society		
Savings/Savings schemes (including premium bonds, and Tessa, ISA etc)		
Investments (shares, endowment, life insurance etc)		
Property (estimated current value)		
Vehicle (estimated current value)		
Any other assets		
<u>Total Assets (A)</u>		
<u>LIABILITIES</u>	<u>YOURSELF</u> £	<u>YOUR PARTNER</u> £
<u>Give total amount owed</u>		
Mortgages outstanding		
Other secured loans		
HP/Conditional sale outstanding		
Credit card & Store card balances		
Other debts/liabilities		
<u>Total Liabilities (B)</u>		
<u>Total Net Assets (A) minus (B)</u>		



BAILY THOMAS PROVIDENT FUND

<u>INCOME</u> <i>Please show whether weekly, fortnightly, monthly or annually in each case (£)</i>	<u>YOURSELF</u> £	<u>YOUR PARTNER</u> £
Wages/salary		
State retirement pension (if applicable)		
Any other pension income (war, annuity, retirement etc)		
State benefits (Please specify)		
Maintenance/child support		
Boarders/lodgers		
Student loan/student grant		
Other Income		
<u>Total Income (C)</u>		



BAILY THOMAS PROVIDENT FUND

EXPENSES Please show how much you pay either weekly, fortnightly, monthly or annually in each case (£)	<u>YOURSELF</u> £	<u>YOUR PARTNER</u> £
Mortgage/rent payments (including endowment if any)		
Water rates		
Council Tax		
Utilities – gas, electricity, fuel, water etc.		
Buildings and contents insurance		
Other housing costs (e.g. TV Licence, Satellite TV etc)		
Any loan repayments		
HP/Conditional sales payments		
Payments to credit cards, store cards etc		
Travel costs (work, school, shopping)		
Vehicle costs (Road Tax, MOT, Insurance, Maintenance)		
Telephone/mobile phone		
Housekeeping costs (food, cleaning, clothes etc)		
Childcare Costs		
		<u>Cont.....</u>



BAILY THOMAS PROVIDENT FUND

EXPENSES Please show how much you pay either weekly, fortnightly, monthly or annually in each case (£)	<u>YOURSELF</u> £	<u>YOUR PARTNER</u> £
Maintenance/child support payments		
Healthcare costs (dental plans etc)		
Repairs and maintenance		
Other expenses (please specify)		
<u>Total Expenditure (D)</u>		
<u>Total Net Income (C) minus (D)</u>		

Signed:

Date: