

Established by the late Rev. E. T. M. Phillips  
Rector of Hathern, 1837.

## Hathern Equitable and Provident Institution.

### Member's Contribution Card

For years 1933, 1934, 1935, 1936.

No. *270*

NAME OF MEMBER.

*David A. Spencer*

N.B.—This card must be produced when monthly  
payments are made.

“Bear ye one another's burdens and so  
fulfil the law of Christ.”—

*Galations, 6th Chapter, 2nd Verse.*

“UNITED WE STAND, BUT  
DIVIDED WE FALL.”

DATE. 1933	Amount Paid		DATE. 1934	Amount Paid	
	s.	d.		s.	d.
Jan. 30	1	3	Jan. 29	1	3
Feb. 27.	1	3	Feb. 26	1	3
Mar. 27			Mar. 26	1	3
Apl. 24	2	6	Apl. 30	1	3
May 29	1	3	May 28	1	3
June 26	1	3	June 25	1	3
July 31	1	3	July 30	1	3
Aug. 28	1	3	Aug. 27	1	3
Sept. 25	1	3	Sept. 24	1	3
Oct. 30	1	3	Oct. 29	1	3
Nov. 27	1	3	Nov. 26	1	3
Dec. 18	1	3	Dec. 17	1	3

DATE. 1935	Amount Paid		DATE. 1936	Amount Paid	
	s.	d.		s.	d.
Jan. 28	1	3	Jan. 27	1	3
Feb. 25	1	3	Feb. 24	1	3
Mar. 25	1	3	Mar. 30	1	3
Apl. 29	1	3	Apl. 27	1	3
May 27	1	3	May 25	1	3
June 24	1	3	June 29	1	3
July 29	1	3	July 27	1	3
Aug. 26	1	3	Aug. 31	1	3
Sept. 30	1	3	Sept. 28	1	3
Oct. 28	1	3	Oct. 26	1	3
Nov. 25	1	3	Nov. 30	1	3
Dec. 23	1	3	Dec. 21	1	3

The Registered Office is the Charity Room, Hathern, Loughborough, and the Members Contributions will be received there on the above dates, between Seven and Eight o'clock in the Evening.

**NOTICE.**

The Committee require an insured person in receipt of Medical Benefit to comply with the following Rules as to Conduct.

- (a) He shall obey the instructions of the practitioner attending him :
- (b) He shall not conduct himself in a manner which is likely to retard his recovery :
- (c) He shall not make unreasonable demands upon the professional services of the practitioner attending him :
- (d) He shall, whenever his condition permits, attend at the surgery or place of residence of the practitioner attending him on such days and at such hours as may be appointed by the practitioner :
- (e) He shall not summon the practitioner to visit him between the hours of 6 p.m. and 9 a.m., except in cases of serious emergency :
- (f) He shall, when his condition requires a home visit, give notice to the practitioner before 10 a.m. on the day on which the visit is required, except in cases of serious emergency.

The Rules of the Committee also provide that any complaint by an insured person which is adjudged by them to be frivolous or vexatious, shall be regarded as a breach of their Rules.

Any insured person who is guilty of a breach of any of the Committee's Rules is liable to a fine not exceeding 10/-, or in the case of repeated breaches 20/-, or to be suspended from Medical Benefit for a period not exceeding one year.

These Rules are liable to alteration, due notice of which will be given in the public Press.

**Part C.—FOR USE, IF DESIRED, DURING TEMPORARY RESIDENCE.**

I hereby declare that I am only temporarily residing in the locality of the address which I have given below, and that I do not intend or expect to remain in the locality for as long as 3 months from the date of my arrival.

(Signature) \_\_\_\_\_

(Temporary Address) \_\_\_\_\_

(Date) \_\_\_\_\_

Signature of doctor accepting :

Committee's Stamp.

This Card can only be used for obtaining treatment during one period of absence from home not exceeding 3 months. When the above space has been used another Card must be applied for from the Insurance Committee at the address shown on the first page.

**MEDICAL**



**CARD**

BY THE

**LEICESTERSHIRE INSURANCE COMMITTEE,  
144, LONDON ROAD, LEICESTER.**

To *Full Name* Walter Spencer  
 (Address) Lovers Lane Leicestershire  
 (Society and Branch) San CC of Guild  
 (No. in Insurance Book) 60

The above-named is on the list of :—

[Dr.] W. Bell

Le.....; { This reference should always be quoted by the insured person in any correspondence as to Medical Benefit.

Committee's Stamp.

LE. 12 JAN 1914

# INSTRUCTIONS.

## PLEASE READ CAREFULLY.

1. This Medical Card must be carefully kept and must be produced when treatment is required. If it is lost you may have difficulty in getting another. If you lose it you should at once give notice to the Insurance Committee.

2. If any other person than the person to whom this Medical Card is issued uses or attempts to use it for the purpose of obtaining benefit for himself, or if the person to whom it is issued uses it or attempts to use it after he has ceased to be entitled to Medical Benefit, he is liable to serious penalties.

3. If you have not chosen a doctor or approved institution you must do so without delay by filling up Part A on the opposite page and presenting the Medical Card to any doctor on the panel or institution. If you are accepted, the doctor or institution will retain the Card and send it to the Insurance Committee, from whom you will receive the Card with the name of the doctor or institution entered in the space at the foot of the first page.

4. If you have removed altogether to a new address and cannot therefore obtain treatment from the doctor or institution named in the Card, you should at once make a fresh choice by filling up Part B on the opposite page and presenting the Card to any doctor on the panel or to any institution in the neighbourhood of your new address. If you are accepted the doctor or institution will retain the Medical Card, and forward it to the Insurance Committee, from whom you will receive a new Card with the name of the doctor or institution entered therein.

5. If you require treatment when away from home you may present this Card to any doctor on the panel or institution, after filling in Part C on page 4. If you are accepted, the doctor or institution will retain the Card and send it to the Insurance Committee who will stamp the Card and return it to you for the purpose of obtaining treatment.

6. A list of available doctors and institutions for any district can be seen at the Post Office in that district. If you have difficulty in getting accepted, you should write to the Clerk to the Insurance Committee at the address given in the Post Office list, enclosing this Medical Card.

7. A member of an Approved Society is under an obligation to notify any changes of address to his Society and to inform it when he ceases to be insured. Woman members must also notify their Society when they marry.

8. If the insured person desires to change his doctor or institution at the end of the year, he must give notice to that effect before 31st December to the Clerk to the Committee, enclosing this Card. Except in special circumstances, or on removal he can only change his doctor during the year with the consent of his doctor, by means of a form obtainable from the Committee.

9. Any enquiry or complaint by the insured person with regard to his medical benefit should be addressed to the Clerk to the Insurance Committee at the address named on the first page.

10. Postage must be prepaid on all communications to Insurance Committees

This Card is the property of the Insurance Commissioners, to whom it should be returned if found.

**Part A.** To be filled in when insured person is not on list of doctor or institution, and wishes to choose a doctor or institution

I, (signature) \_\_\_\_\_, of \_\_\_\_\_,

(present address) \_\_\_\_\_, wish to be placed

on list of [Dr.] \_\_\_\_\_,

The above named is accepted.

(Signature of doctor)

For use by doctor only.

If doctor claims to supply drugs he should enter D.

If doctor claims mileage he should enter M.

**Part B.** To be filled in when insured person has removed altogether to a new address, and cannot therefore get treatment from doctor or institution named on front page

I, (signature) \_\_\_\_\_, of \_\_\_\_\_,

(present address) \_\_\_\_\_, wish to be placed

on list of [Dr.] \_\_\_\_\_,

The above named is accepted

(Signature of doctor)

If doctor claims to supply drugs he should enter D

If doctor claims mileage he should enter M.

The insured person must sign here immediately he receives this card.