



**REED INSURANCE LIMITED - HEALTH CASH PLAN CLAIM FORM
CO-MEMBER IN THE PENSION SCHEME**

Instructions

Please answer all questions accurately with full disclosure of all relevant information.

Please return the completed claim form together with all relevant receipts to us via email to:

info.insurance@reedbenefits.co.uk

or by post at:

Reed Insurance Limited c/o California 120, Coombe Lane Raynes Park London SW20 0BA

A. Insured Member's Details/ Claimant Details

To be completed in respect of the Co-Member

Title	<input type="checkbox"/> Mr.	<input type="checkbox"/> Ms.	<input type="checkbox"/> Mrs.
Name and Surname of Insured Member	<input type="text"/>		
Date of birth	<input type="text"/>		
Payroll Number	<input type="text"/>		
Address	<input type="text"/>		
Telephone Number	<input type="text"/>		
Email Address	<input type="text"/>		
Date of entry into Service	<input type="text"/>		

B. Medical and Claim Related Details

Please place a tick next to the Health Cash Plan Benefit for which you wish to make a claim under the categories below

Fully completed claim form and all relevant receipts are to be submitted within 90 days from the date of treatment/ service

1. Dental	<input type="checkbox"/>	10. Chiropody	<input type="checkbox"/>
2. Optical	<input type="checkbox"/>	11. Homoeopathy	<input type="checkbox"/>
3. Hospital In-Patient Treatment	<input type="checkbox"/>	12. Occupational Therapist and Dietician	<input type="checkbox"/>
4. Hospital Parental stay	<input type="checkbox"/>	13. Consultation	<input type="checkbox"/>
5. Hospital Mental health	<input type="checkbox"/>	14. Maternity/Paternity	<input type="checkbox"/>

6. Worldwide emergency cover
7. Hospital Day Patient surgery
8. Recuperation grant
9. Physiotherapy, osteopathy,
chiropractic & acupuncture

15. Adoption
16. Infertility (diagnostics)
17. Hearing aids
18. Specialist medical aids
19. Home help

C. Receipted claim

Receipt date

Amount paid

Receipt amount in words

D. Maternity or Adoption

Please submit a copy of the full birth/adoption certificate (s) in support of your claim

Name and Surname of Child

Date of Birth

Gender Male Female

E. Hospital admission

To be completed by hospital (OR A hospital discharge letter would be accepted instead)

I authorise the hospital to disclose in Section E the reason for my admission.

Insured Member's / Claimant's signature

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Date

Full name of patient

Hospital name

Hospital number

Signature of authorising officer Date

As an in-patient admitted on
Discharged on

If during the above period the patient was away from hospital for one or more nights please provide

Dates from and to

Dates from and to

OR as a day-patient surgery admission on

Official hospital stamp

F. Bank Account Details

Kindly complete your bank details below to receive payment of your claim directly into your bank account.

Account name

Account number

Name of Bank

Sort code

G. Insured Member's Declaration and Consent

I understand that any fraudulent claims may result in legal action being taken and the immediate cancellation of my insurance policy cover.

I authorise any medical practitioner, or any other person(s) concerned with providing healthcare, to provide Reed Insurance Ltd. with any information that may be relevant to this claim.

I declare the information shown on this form and any accompanying documentation is true and correct.

Insured Member's / Claimant's signature

Date

Privacy Notice

Personal information

In providing you with our services, Reed Insurance Limited may handle your personal information, which may include sensitive personal information such as medical information. We are very aware that you trust us to keep this information confidential and that is why we comply with UK data protection law and follow medical confidentiality guidelines issued by professional bodies.

Securing information

We are committed to keeping your personal information secure. We have put in place physical, electronic and

operational procedures intended to safeguard and secure the information we collect.

Information we may hold about you

The information we hold about you may include personal and sensitive personal information. We may collect this information during contacts we have with you or with third parties who provide information about you, and from other sources including from your use of websites and other digital platforms.

When we collect your information

Information about you is collected when you engage with Reed Insurance Ltd. or the REED group of companies either by entering into a contract with REED, submitting a query or enquiry, applying for a quote or policy or participating in marketing activity. We may collect personal information about you from other people when you are named in an application form under a scheme, when we process an application or claim or when we obtain medical reports, or when we liaise with your family, employer, health professional or other treatment or benefit provider. You confirm that you consent to Reed Insurance Limited obtaining medical and billing information from your treatment provider relating to claims or complaints you may make.

Using your information

We use your personal information to provide you with our services, and to improve and extend our services.

Sharing information

Information about you may be shared by the companies in the REED group to enable us to manage our relationship with you as a Reed Insurance Ltd. customer and update and improve our records. Reed Insurance Ltd. works with other individuals and organisations to provide our services to you. This may involve them handling your personal information, which may be done outside of the European Economic Area. We ensure that the confidentiality and security of your personal information is protected by contractual restrictions and service monitoring. You may receive Reed Insurance Ltd. services where your employer, or the employer of another member of your family, is the policyholder or pays for the scheme or services. In that case, we may share your information with the employer, the employer's insurance broker, or the trustees of your scheme. This will be explained in your policy documents.

Keeping information

We will only keep your personal information for as long as is necessary and in accordance with UK law.

Keeping you informed

The REED group would like to let you know more about our products and services.

Reed Insurance Limited (C 38345)

Registered Address: The Reed Centre, Blue Harbour, Ta' Xbiex Marina, Ta' Xbiex XBX 1027, Malta

Telephone No: +356 21339329

www.reedbenefits.co.uk

Reed Insurance Limited is authorised to carry on business of insurance and is regulated by the Malta Financial Services Authority.