REED INSURANCE LIMITED - CRITICAL ILLNESS CLAIM FORM
CO-MEMBERS

Instructions

Please answer all questions accurately with full disclosure of all relevant information.
Please return the completed claim form together with relevant medical documentation 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 even if the claim is being made for Insured Member's Child

Title		Mr.		Ms.		Mrs.
Name and Surname of Insured Member					
Date of birth					
Payroll Number					
Address					
Telephone Number					
Email Address					
Date of entry into Service					

B. Insured Child's Details

To be completed if the claim is for Insured's Child

Name and Surname of Insured's Child	
Date of birth	

C. Medical and Claim Related Details

Please place a tick next to the Critical Illness for which you wish to make a claim under the categories below

In order to make a claim, You must give Us written notice within 180 days except for conditions involving:

* HIV infection Condition which must be notified within 10 days of the incident;
* Loss of Independent Existence (including Muscular Dystrophy) condition which must be notified within a period of 30 days from the end of 3 consecutive months of disability

Angioplasty		Kidney Failure	
Aorta Graft Surgery		Loss of Independent Existence	
Benign Brain Tumour		Major Organ Transplant	
Blindness		Motor Neurone Disease	
Cancer		Multiple Sclerosis	
Coma		Parkinson's Disease	
Coronary Artery By-Pass		Stroke	
Deafness		Traumatic Brain Injury	
Dementia		Loss of hands or feet	
Heart Attack		Loss of Speech	
Heart Valve Replacement or Repair		Paralysis of Limbs	
		Rheumatoid Arthritis	
HIV Infection		Third Degree Burns	

Please answer the following questions regarding the Critical Illness for which you are claiming

Please describe the nature and extent of your illness.

When did you first consult any doctor regarding your illness ?

On what date was the illness diagnosed?

What symptoms did you notice before you first saw your doctor (regardless of their severity)?
When were these symptoms first experienced?

Please provide names and addresses of Medical Consultant(s) and/ or Hospitals attended in connection with your illness. Please provide full details including dates.

Have you previously suffered from this illness? If yes please provide full details including dates.

Have you previously received treatment for the same or any related condition? If yes please provide full details including dates.

What treatment, tests and investigations have you received to date? Are there any plans for future treatment? (please include the relevant dates where possible).

Please provide any additional information below, which you feel would be helpful in the assessment of this claim.

D. 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	
Swift code	
IBAN No.	

E. 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