



**REED INSURANCE LIMITED - CRITICAL ILLNESS CLAIM FORM
REED BENEFITS MEMBER**

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:

reed.benefits@reedglobal.com

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 Reed Benefits Member even if the claim is being made for Insured Member's Child

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. Insured Child's Details

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

Name and Surname of Insured's Child	<input type="text"/>
Date of birth	<input type="text"/>

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

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 Policy

Reed Insurance Brokerage Limited ("RIBL") and Reed Insurance Limited ("RIL") are part of the REED Group of companies. RIBL is REED Group insurance broker and RIL secures Employee Health Insurance Benefits for the REED Group and other customers. This privacy policy explains how we use the personal data we receive from you to provide you with access to the benefits covered and service your claims.

What Information do we collect about you?

Where we have collected personal information directly from you, it will usually be obvious what this is as you will have given it to us. We may also collect personal information about you from others. Some of the information we collect may be sensitive information, such as information about your health. This information will be provided directly by you in connection with a claim and will only be used as part of your insurance contract with us or where it is necessary for a legal obligation or as part of the establishment, exercise or defence of a legal claim.

What do we do with your personal data?

All of the personal information we gather is held on secure servers in the EEA. We will only use your personal information to provide you with access to the services we supply to you and any others that you may ask us to provide. We and other companies within the REED Group will use your personal information to provide you with our insurance services, comply with our legal obligations, prevent fraud, recover debts, inform you about related products and services, if you or another person's life is in danger and to administer and improve our services, including responding to complaints. Please note that if you bring a claim which involves your health or medical matters we may share your information with medical experts who assist us with such matters.

Data Sharing and Transfers

Save where it is necessary to do so in order to deliver the Benefits as described above, we do not share your personal data with third parties and we will never sell your personal data to anyone. In certain circumstances we may be obliged to share your personal information with regulators, ombudsman, fraud prevention and law enforcement agencies. Your data is held securely in the UK and will not be transferred outside the European Economic Area. It will also only be kept for as long as is necessary. This will normally be for 6 years from the end of your participation in the Scheme as it is likely that we will need the information for regulatory reasons or to defend a claim.

Access to your information and correction

You have the right to request a copy of the information that we hold about you. If you would like a copy of some or all of your personal data please email us at: info.insurance@reedbenefits.co.uk (for Reed Insurance Limited); or info.brokerage@reedbenefits.co.uk (for Reed Insurance Brokerage Limited). We want to make sure that your information is accurate and up to date and are very happy to remove or amend any information that you think is inaccurate. You also have the right to request that we either delete or restrict our processing of your personal data. We will advise on the process on any such requests. You also have the right to lodge any complaint about the way in which we handle your data with the Office of the Information Commissioner.

Changes to our Privacy Policy

We keep our privacy policy under regular review and we place any updates on this webpage. This policy was last updated on 14 August 2018.

How to contact us

Please contact us if you have any questions about our privacy policy or information we hold about you by email at: data.queries@reedglobal.com or writing to us at Data Protection Officer, Reed Insurance Brokerage Ltd, Academy Court, 94 Chancery Lane, London WC2A 1DT.

Reed Insurance Limited (C 38345)

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www.reedbenefits.co.uk

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