



**REED INSURANCE LIMITED - HEALTH CASH PLAN 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 all relevant receipts 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

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 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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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.