

HOSPITAL PLAN INSURANCE SERVICES

Regd. in England No. 2100356 Regd. Office - Tel: (020) 8662 8183

Please complete and return to: ADDRESS Accident & Health Claims Department, American International Group UK Limited
The AIG Building, 2-8 Altyre Road, Croydon CR9 2LG
EMAIL claims@hpis.co.uk
FAX 020 8688 9202

CLAIMANT'S NAME

POLICY NUMBER(S)

ADDRESS

HOME TELEPHONE NUMBER

POSTCODE

MOBILE NUMBER

EMAIL ADDRESS

Please FULLY COMPLETE 'Part A' of the Claim Form and 'Part C' and 'Part D' (pages 3 & 4)

PART A

Patient's full name _____ Date of birth _____

Date entered/attended hospital _____ Still in hospital on _____ Date discharged _____

Name of Hospital _____

Ward(s) _____ Give names of doctors _____

Give details of condition/reason for hospital confinement/attendance _____

Date of first symptoms _____ If childbirth - date born _____

If surgical, specify precise operation(s) performed _____

If accidental injury state when, where and how it happened _____

Accident date _____

Specify any resulting fractures _____

Specify any resulting permanent disability _____

Give details of any significant illnesses or medical conditions, past and present _____

Name of patient's family doctor _____ Surgery tel. no. _____

Surgery address _____

Postcode _____

You must now arrange for your GP or treating consultant to complete 'Part B' (page 2) before posting the form back to us.

Claims for Accidental death: (Note: Part B of this claim form does not need to be completed for claims under the Accidental Death benefit)

Date of death _____ Date of inquest (if applicable) _____

Full name and address of coroner (if applicable) _____

Full name and address of investigating police station (if applicable) _____

This section of the form must be completed by a Doctor (either your GP or treating consultant) to avoid delay in assessing the claim OR alternatively if you have hospital discharge paperwork which confirms the information below, please send this with your claim form.

Hospitalisation:

If hospitalised, what type of hospital/facility has this patient been treated in? (Please give dates spent in each category)

- Acute Hospital
- Private Hospital
- Mental Illness / Psychiatric Facility
- Long Term Nursing Unit / Nursing Home
- Rehab Centre / Hospital
- Community / Cottage Hospital
- GP Led Hospital
- Convalescence Home
- Extended Care Home
- Hospice

In-patient Day case/A&E

Date admitted/attended _____

Still in-patient on _____

Date discharged _____

Dates of home-leave _____

Please confirm the type of treatment the patient received while an in-patient _____

Was an operation performed (including endoscopic procedures)? If yes, please provide details including dates carried out _____

Accidental Injury:

If the patient has suffered a fracture **SOLELY** due to an accident, please confirm the exact site of the fracture(s) _____

Date of the accident _____ Please specify if there is any evidence of bone disease _____

In your opinion do you think the patient will be left with a permanent disability **SOLELY** as a result of this accident? Yes No

(If yes, please provide further details) _____

Cancer Diagnosis: (Please also complete the Hospitalisation section above)

Type of cancer diagnosed (including primary and secondary) _____

Date of diagnosis _____ Date medical advice first sought _____

Please confirm whether there is any previous history of cancer (if there is, please provide full details, including date(s) of previous diagnosis) _____

Can the cancer be histologically described as pre-malignant, non-invasive, or cancer-in-situ? _____

Date radiotherapy commenced _____ Date chemotherapy commenced _____

Doctor’s Declaration: I hereby certify that my answers to the questions above are correct and true to the best of my knowledge and belief

Signature _____ Date _____

Print Name _____ Title _____

Official Hospital/GP Surgery Stamp

Access to Medical Records / Medical Reports Consent Form

Access to Medical Reports Act (1988), Access to Personal Files and Medical Reports (Northern Ireland) Order 1991, Access to Health Records and Reports Act 1993 (Isle of Man) ("Acts")

To enable American International Group UK Limited or their agents (the Company) to assess your claim, it may be necessary to obtain medical evidence. Any medical reports which are requested from your Doctor (your GP, medical specialists) are subject to the Acts. (Please note that medical reports requested from Doctors appointed by the Company are not subject to the Acts).

In summary your statutory rights under the Acts are as follows:

1. A medical report cannot be requested from any Doctor, who has attended you, without your written authority (consent).
2. You may withhold your consent. However, without your consent we may be unable to proceed with your claim.
3. If you do consent you can indicate whether you wish to see the report before it is supplied to us.
 - a) If you wish to see the report, we will notify your Doctor accordingly. We will advise you that we have done so (notification).
 - b) You will then have 21 days from the date of the notification to contact the Doctor, in writing, to make arrangements to see the report.
 - c) The Doctor will allow 21 days for you to see the report before it is supplied to us.
 - d) If the Doctor has not heard from you within 21 days of the notification he/she will assume you do not wish to see the report and that you consent to it being supplied.
4. If you do not indicate that you wish to see the report, we do not have to notify you if we apply for such report.
5. When you see the report, if there is anything in it that you consider incorrect or misleading you can request, in writing, that the Doctor amends the report, but the Doctor is not obliged to do so. If the Doctor refuses to amend the report you may: (a) withdraw consent for the report to be issued, (b) ask the Doctor to attach to the report a statement setting out your own views, (c) agree to the report being issued unchanged.
6. Whether or not you wish to see the report before it is sent to us, you may ask your Doctor to show you a copy of the report. Please note that the Doctor is obliged to retain the report for at least 6 months after it was supplied. The Doctor may charge a reasonable fee for the cost of supplying the report but not exceeding £50.
7. The Doctor is not obliged to show you any parts of the report that he/she believes might cause serious harm to your physical or mental health or that of others, or it would indicate the Doctor's intentions towards you. If this is the case, the Doctor will tell you if your access to the report is limited

Please confirm the full name and postal address of your Doctor

Name of GP _____

Address _____

Phone number _____

Consultant Name _____

Address _____

Phone number _____

I have read my statutory rights under the Acts as outlined above and by signing this form I consent to the Company seeking medical information, including copies of my medical records, from any Doctor who at any time has attended me, concerning anything which affects my physical or mental health relating to the condition (s) that gives rise to my claim.

I also authorise any physician or other person to furnish American International Group UK Limited or their agents with any and all information with respect to any illness, sickness or injury, medical history, consultation, prescriptions or treatment and copies of all hospital or medical records relating to the condition (s) that gives rise to my claim.

Do you wish to see the report before it is sent to the Company? Yes No

Signed _____

Full Name _____

Date _____

If You are signing on behalf of the Claimant, please stet the reason and your relation ship

How we use Personal Information

American International Group UK Limited is committed to protecting the privacy of customers, claimants and other business contacts.

“Personal Information” identifies and relates to you or other individuals (e.g. your partner or other members of your family). If you provide Personal Information about another individual, you must (unless we agree otherwise) inform the individual about the content of this notice and our Privacy Policy and obtain their permission (where possible) for sharing of their Personal Information with us.

The types of Personal Information we may collect and why – Depending on our relationship with you, Personal Information collected may include: contact information, financial information and account details, credit reference and scoring information, sensitive information about health or medical conditions (collected with your consent where required by applicable law) as well as other Personal Information provided by you or that we obtain in connection with our relationship with you. Personal Information may be used for the following purposes:

- Insurance administration, e.g. communications, claims processing and payment
- Make assessments and decisions about the provision and terms of insurance and settlement of claims
- Assistance and advice on medical and travel matters
- Management of our business operations and IT infrastructure
- Prevention, detection and investigation of crime, e.g. fraud and money laundering
- Establishment and defence of legal rights
- Legal and regulatory compliance (including compliance with laws and regulations outside your country of residence)
- Monitoring and recording of telephone calls for quality, training and security purposes
- Marketing, market research and analysis

Sharing of Personal Information – For the above purposes Personal Information may be shared with our group companies and third parties (such as brokers and other insurance distribution parties, insurers and reinsurers, credit reference agencies, healthcare professionals and other service providers). Personal Information will be shared with other third parties (including government authorities) if required by laws or regulations. Personal Information (including details of injuries) may be recorded on claims registers shared with other insurers. We are required to register all third party claims for compensation relating to bodily injury to workers’ compensation boards. We may search these registers to prevent, detect and investigate fraud or to validate your claims history or that of any other person or property likely to be involved in the policy or claim. Personal Information may be shared with prospective purchasers and purchasers, and transferred upon a sale of our company or transfer of business assets.

International transfer – Due to the global nature of our business, Personal Information may be transferred to parties located in other countries (including the United States, China, Mexico Malaysia, Philippines, Bermuda and other countries which may have a data protection regime which is different to that in your country of residence). When making these transfers, we will take steps to ensure that your Personal Information is adequately protected and transferred in accordance with the requirements of data protection law. Further information about international transfers is set out in our Privacy Policy (see below).

Security of Personal Information – Appropriate technical and physical security measures are used to keep your Personal Information safe and secure. When we provide Personal Information to a third party (including our service providers) or engage a third party to collect Personal Information on our behalf, the third party will be selected carefully and required to use appropriate security measures.

Your rights – You have a number of rights under data protection law in connection with our use of Personal Information. These rights may only apply in certain circumstances and are subject to certain exemptions. These rights may include a right to access Personal Information, a right to correct inaccurate data, a right to erase data or suspend our use of data. These rights may also include a right to transfer your data to another organisation, a right to object to our use of your Personal Information, a right to request that certain automated decisions we make have human involvement, a right to withdraw consent and a right to complain to the data protection regulator. Further information about your rights and how you may exercise them is set out in full in our Privacy Policy (see below).

Privacy Policy – More details about your rights and how we collect, use and disclose your Personal Information can be found in our full Privacy Policy at: <https://www.aig.co.uk/privacy-policy> or you may request a copy by writing to: Data Protection Officer, American International Group UK Limited, The AIG Building, 58 Fenchurch Street, London EC3M 4AB.or by email at: dataprotectionofficer.uk@aig.com.

DECLARATION

BY SIGNING THIS FORM I/WE DECLARE THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF. I UNDERSTAND THAT A FALSE DECLARATION MAY INVALIDATE MY CLAIM AND COULD RESULT IN PROSECUTION

Signature	Date / /	Print Name
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PART D

Payment of Benefits

Declaration – to be signed by claimant (whether Main Policyholder or 2ND, 3RD or 4th Insured)

I declare that to the best of my knowledge, information and belief I am the beneficiary/legal representative entitled to the benefit payable under this claim and agree that if my declaration is subsequently found to be untrue I will be liable to return the benefit payment I have received to American International Group UK Ltd.

Signature	Date / /	Print Name
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Payment into bank account

Upon receipt of a valid claim and for your convenience, the payment will be made by transfer directly into the bank account the premiums are collected from.

If you are the 2nd, 3rd or 4th insured, we require your consent below to credit this account. Should this not be your preference, please leave this section blank. If this section remains blank, the 2nd, 3rd or 4th insured will receive a cheque rather than a direct bank transfer.

If you are the Main Policyholder (1st insured on the policy) there is no need for you complete Part D.

<p><u>I am the 2nd, 3rd or 4th Insured and I consent to you crediting any amount I am due in respect of this claim directly in to the bank account the premiums are collected from</u></p>		
Signature	Date / /	Print Name