



HEALTH CASH PLAN CLAIM FORM

Health Cash Plan

Please return the form to:

By Post:

Claims Department
Union Income Benefit
39/51 Highgate Road
London
NW5 1RT

By Email:

claims@uibuk.com

If you have any queries regarding your cover or require guidance in completing this form then please contact our claims helpline on Telephone: 0800 014 7024 or by Email: claims@uibuk.com

Lines open Mon to Fri 9 a.m. to 6 p.m. Telephone calls may be recorded for monitoring and quality purposes.

Before going ahead with a claim please read your policy and schedule to make sure that you understand your cover and any exclusions. Claims under your policy will be handled by Union Income Benefit.

Completion of Claim Form

Please complete all relevant parts of the form, write in BLOCK CAPITALS and tick any boxes as appropriate. **Please refer to your Policy Schedule for details of cover.**

Please note you will be responsible for any expenses which may be incurred in the completion of this claim form, for more information on this please refer to section 5 of the Policy Wording.

Please ensure that you sign and date the Declaration and Consent at the end of the claim form. Please ensure that you read the Data Protection Notice on p6.

Important Notes

The questions on this form and any other questions which we specifically ask, relate to facts considered to be material to the handling of your claim. Please answer them fully and honestly and supply any additional relevant information. Failure to do so may not only invalidate this claim but also the insurance provided by the policy as a whole.

Please note the policy defines a receipt as:

The original receipt provided by the healthcare provider. All receipts for treatment must show the full name of the person who received the treatment. We will not accept receipts made out in joint names. The receipts should also fully describe the treatment received or the items paid for, the date of the treatment, the full cost and the date the account was paid. We will not accept till slips, credit card sales vouchers, photocopied or altered receipts. We will not return your receipt unless you ask us to and send us a reply paid envelope. We always recommend that you send us original receipts by recorded mail. Union Income Benefit will only send the receipts back to you if you include a stamped addressed envelope.

Checklist

Please return this claim form within 60 days of the date of treatment to: Claims Department, Union Income Benefit, 39/51 Highgate Road, London, NW5 1RT, or email to claims@uibuk.com and please ensure:

- ☐ You fully complete all relevant parts of the form
- ☐ You have enclosed all requested documents (we recommend you send us copies or retain copies for yourself)
- ☐ You have signed this claim form
- ☐ All documents that are scanned and sent by email are clear and copied in full

Failure to complete the form in full may result in delay in handling your claim.

Please read carefully:

- Ensure that you have signed the declaration and authority at the end of this form.
- Where requested, ensure that you have attached detailed receipts and any other information requested on the next page.
- Please provide any further information to questions in the space provided on the last page of this form.
- Should you have any problems reading or completing this claim form, please contact us and one of our staff will be happy to help you.
- Please refer to the terms and conditions booklet and your policy schedule to check your cover before submitting a claim as your policy may not provide cover for all the benefits listed.
- Benefits have a maximum limit each policy year. Please check that you have not already used the benefit up.
- Please note that the letters against each Treatment listed on the Claims Form correspond to the letters against the Treatments in the Table of Benefits on the Policy Schedule.

Please tick the benefit for which you are claiming

Benefit	Amount being claimed	Information required
A. Dental Treatment	Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received
B. Dental Accident and Emergency	Amount Claimed £	Please attach all receipts /invoices including a breakdown of the treatment receive and complete the details of the accident on the Further Information page
C. Optical Benefit	Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received
D. Physiotherapy, Osteopathy, Chiropractic, Acupuncture and Homeopathy	Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received
E. Chiropody and Podiatry	Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received
F. Specialist consultation fees (including diagnostic tests)	Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received, and a copy of your GP referral letter
G. Hospital Inpatient treatment NHS Car Parking charges (whilst attending Inpatient Treatment) Day Case Treatment	Amount Claimed £ Amount Claimed £ Amount Claimed £	Please provide copies of medical correspondence that confirms the dates you were admitted and discharged and/or Receipts/parking tickets to confirm the parking costs incurred whilst receiving inpatient treatment and/or Copies of medical correspondence confirming you attended for day case treatment
H. Parental Hospital Stay NHS Car Parking charges	Amount Claimed £ Amount Claimed £	Please provide a copy of a your child's birth certificate or adoption papers, as well as a copies of medical correspondence confirming their admission and discharge dates and copies of any parking tickets/receipts to demonstrate any parking charges incurred
I. GP Expenses Cover NHS Prescriptions	Amount Claimed £ Amount Claimed £	Please attach all receipts /invoices and including a breakdown of the treatment received For prescription charges please provide copies of the prescription and the payment receipt confirming that the cost incurred was for your own prescription charges
J. Childbirth Benefit	Amount Claimed £	Additionally, please enclose a copy of the full birth certificate or adoption papers
K. Health check / Lifestyle assessment benefit	Amount Claimed £	Please provide a certificate confirming the screening has been carried out and a receipt and invoice confirming payment has been made

Details about yourself

Certificate Number or Policy Number		
Title	First name(s)	Last name
Date of birth		
Address		
Postcode		
Home Telephone	Mobile Telephone	
Work Telephone	Email address	
<p>Do you have any other insurance or cover that may pay for some or all of the expense you are claiming for?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you have ticked the "yes" box please provide details of this other insurance or cover in the Further information section on the next page</p>		

What happens now

- We will acknowledge receipt of your claim within 5 working days. If you have not heard from us please call 0800 014 7024.
- Once we have received all the necessary information we will assess your claim within 10 working days.
- If your claim is approved then we will transfer the money to the bank account set up to pay the premium for this policy.
- Should we be unable to pay your claim or require more information, we will write to you setting out the information we require or why we can't pay your claim.

I hereby declare the statements in this claim form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my dentist, doctor, optician or any person/organisation who has treated me as you deem necessary, to check the answers I have provided, and I authorise the giving of such information to Union Income Benefit. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjustors, fraud prevention systems and the benefits agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

To be signed by the policyholder

Date

Further Information

Please provide further information for any questions on the previous pages stating the question number.

Please return this form by email: claims@uibuk.com
Or by post: Claims Department, Union Income Benefit,
39/51 Highgate Road, LONDON NW5 1RT

Data Protection Notice

The Personal Information you provide.

Advent Insurance PCC Ltd (UIB Cell) the insurer (we/us) and Union Income Benefit Holdings Ltd, the administrator, are the joint data controllers (as defined in the Data Protection Act 2018 and any successor regulation (DPA)) and fully accept the responsibility of protecting the privacy of customers and the confidentiality and security of personal information provided to either party.

In this notice, Personal Information is personal data (as defined in the DPA) and means any information that identifies an individual and includes any special category personal information (as defined in the DPA e.g. information about health or medical condition(s)).

Where this notice refers to you or your Personal Information, this will include any information that identifies another person whose information you have provided to us or the administrator. We and the administrator will assume that they have appointed you to act for them. You agree to receive on their behalf any data protection notices from us or the administrator.

Your Personal Information will be used for the purpose of providing insurance services: to decide if we can offer insurance to you; to administer your policy and to handle claims. The Personal Information we collect will include name, address, date of birth and financial information. If a claim is made, we will collect additional information about the claim. Where this includes special category data eg information relating to health, where appropriate we will ask you for consent to collect this information.

Your Personal Information will be used by us and the administrator for legitimate interests we or the administrator have as a business including customer profiling to better understand customers, improve products and to suggest other products that may be relevant to customers including marketing and for management and audit of business operations. We or the administrator will only communicate with you in line with any marketing preferences that you have given us or the administrator and this may continue after your policy has ended. Your marketing preferences can be updated at any time by contacting the administrator:

By email: customer-care@uibuk.com

By phone: 0343 178 1255

By post: Customer Services, Union Income Benefit, 39/51 Highgate Road, London NW5 1RT.

We or the administrator may share your Personal Information with the Embignell group, reinsurers, business partners and agents to help administer the products and services and to keep regulatory obligations.

We or the administrator may also pass your Personal Information to other insurers and regulatory and law enforcement bodies for the prevention of fraud, financial crime or where the law requires us or the administrator to do so.

We or the administrator may transfer your Personal Information to countries outside the EEA which may not have the same level of data protection as in the United Kingdom and Malta, but if this is necessary it will be ensured that appropriate safeguards are in place to protect your Personal Information.

We may carry out automated decision making based on your Personal Information. This will include your age and the level of cover and is used to calculate the price of cover that we provide.

We and the administrator may monitor and/or record your communication with us or the administrator, either ourselves or using reputable organisations selected by us, to ensure consistent servicing levels and operations. We or the administrator will keep information about you only for so long as it is appropriate. We and the administrator need your personal information to administer your policy or handle any claims whilst your policy is in force. We may need to keep information after your policy has ended to ensure we and the administrator have an accurate record of our relationship to you and communications that we or the administrator had or where we are required to keep the information for legal, regulatory or tax purposes.

You have the right to ask us to delete your data or cease processing it at any time, however we may not be able to do this if we require your data in respect of our contract with you. The administrator has a dedicated Data Protection Officer who you can contact for any queries or to exercise any of your rights under data protection regulations including: data subject access requests, correcting your information, making a complaint. If you believe we or the administrator are holding inaccurate information about you or wish to request a copy of your information, you should contact the administrator.

Contact Details:

Data Protection Officer

By email: dataprotection@embignell.com

By post: Data Protection Team, Union Income Benefit 39/51 Highgate Road, London NW5 1RT.

The information that you have requested will be provided in a suitable format to meet your requirements.

If the complaint cannot be resolved to your satisfaction, you can contact the Information Commissioner's Office who are the Supervisory Authority in the UK protecting the rights of individuals under current Data Protection regulations.

Website: www.ico.org.uk

By post: Information Commissioner's Office, Wycliffe House, Water Lane, Wilmslow, Cheshire SK9 5AF

By telephone: 0303 123 1113

More detail is also available in the administrator's Privacy Policy which can be viewed online at www.embignell.com/privacy-policy