

HEALTH CASH PLAN CLAIM FORM

Health Cash Plan

Please return the form to:

By Post:

Claims Department
Compass Underwriting Limited
50 Mark Lane
London
EC3R 7QR

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 7028 or by Email: claims@uibuk.com

Lines open Mon to Fri 9 a.m. to 5 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 Compass Underwriting Limited

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.

Checklist

Please return this claim form within 60 days of the date of treatment to: Claims Department, Compass Underwriting Ltd., 50 Mark Lane, London EC3R 7QR, or email to claims@uibuk.com and please ensure:

- You fully complete all relevant parts of the form
- You have enclosed all requested original documents (we recommend you retain copies)
- 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 original detailed receipts.
- 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

A. Dental Treatment	Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
B. Dental Treatment Dental Emergency	Amount Claimed £ Amount Claimed £	Please attach all receipts /invoices and complete the details of the accident on the Further Information page.
C. Optical Benefit	Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
D. Physiotherapy, Osteopathy, Chiropractic, Acupuncture and Homeopathy	Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
E. Chiropody and Podiatry	Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
F. Specialist consultant fees (including diagnostic tests)	Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
G. Hospital in-patient NHS Car Parking charges (whilst attending Inpatient Treatment) Day Care Treatments	Amount Claimed £ Amount Claimed £ Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
H. Parental Hospital Stay NHS Car Parking charges	Amount Claimed £ Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
I. GP Expenses Cover NHS Prescriptions	Amount Claimed £ Amount Claimed £	Please attach all receipts /invoices and complete form and sign declaration
J. Childbirth Benefit	Amount Claimed £	Additionally, please enclose a copy of birth certificate.
K. Health check/ Lifestyle assessment benefit	Amount Claimed £	Additionally, please enclose a copy of birth certificate.

Details about yourself

Certificate Number or Policy Number	Who is the claim for? You <input type="checkbox"/> Your partner <input type="checkbox"/> Your child <input type="checkbox"/>
If applicable, your child's name:	If applicable, your child's date of birth

The following information should be completed by the person making the claim.

Title	First name(s)	Last name
Date of birth		
Address		
Postcode		
Home Telephone	Mobile Telephone	
Work Telephone	Email address	

What happens now

- We will acknowledge receipt of your claim within 5 working days. If you have not heard from us please call 0800 319 6601.
- Once we have received all the necessary information we will assess your claim within 10 working days. Should your claim be approved then we will transfer the money to the bank account set up to pay the premium for this policy unless you specifically request that you want payment by cheque which can only be sent to the address linked to 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. 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 person making the claim.

Date

Data Protection Notice

The Personal Information you provide.

Canopus Managing Agents Limited and Union Income Benefit Holdings Ltd, the administrator, are the joint data controllers (as defined in the Data Protection Act 1998 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 sensitive personal information (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. By providing Personal Information, you consent that your Personal Information, will be used by us, the administrator, our reinsurers, service providers/ business partners, and our agents for administration, customer service, claims handling, assistance services, customer profiling, and for management and audit of our business operations. 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 and the administrator will not share your Personal Information unless you or your nominated personal representative have provided explicit consent or we or the administrator are required to do so by law. We or the administrator may transfer your Personal Information to countries outside the EEA which may not have the same level of data protection, but if this is necessary it will be ensured that appropriate safeguards are in place to protect your Personal Information. If you ask us or the administrator, what Personal Information is held about you it will be provided to you in accordance with applicable law. No fee will be charged for this. Any Personal Information which is found to be incorrect will be corrected promptly.

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 account operation. We or the administrator will keep information about you only for so long as it is appropriate. We will not use your personal details in order to provide you with marketing, discounts or pricing unless you have given your explicit consent to allow us to use this information for these purposes. If you wish to unsubscribe from our marketing communications please contact us on the details below quoting your name, address, telephone number and email address.

You have the right to ask us to delete your Personal Information or cease processing it at any time, however we may not be able to do this if we require your Personal Information in respect of our contract with you.

We have a dedicated Data Protection Officer who you can contact for any queries relating to this policy, 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 are holding inaccurate information about you or wish to request a copy of your information, you should contact us.

Union Income Benefit Holdings Ltd is a group company of Embignell Ltd.

Contact Details:

Data Protection Officer: Shona Mountford

By email: dataprotection@embignell.com

By post: Data Protection Team, Embignell Ltd.
Unit A, Piano Yard, Highgate Road, London NW5 1BF

We will provide the information that you have requested in a suitable format to meet your requirements.

If the administrator cannot resolve the complaint 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: <https://ico.org.uk>

By telephone: 0303 123 1113