

Surgical Cash Benefit

If you have any questions while filling out this Claim Form, or if you're unsure about any aspect of your policy terms and conditions, please contact Zurich Life. We're here to help and happy to support you every step of the way. You can get in touch by calling Customer Services at **01 799 2711** or email us on **customerservices@zurich.com**

To be completed by the Life Insured. Please answer all questions fully. Failure to provide full information may delay claim consideration.

POLICY NUMBER

LIFE INSURED

Please specify

Mr Mrs Ms Other

Forename:

Surname:

Address:

Telephone No.:

Date of Birth:

Email Address:

1. Please describe the surgery you have undergone. Please first consult your Policy Document and specify exactly which surgery you are claiming under.

2. When did this surgery occur?

3. What symptoms did you have, and when did they first occur?

Continued overleaf

4. Did you have a general/spinal anaesthetic? Yes No

5. Please supply the name(s) and address(es) of your G.P.

Name:

Address:

6. Please supply the name and address of the referring doctors (if different).

Name:

Address:

7. Please supply the name and address of the Surgeon.

Name:

Address:

8. Please supply the name and address of any other doctors attended **and** reason for attendance.

Name:

Address:

Reason for
attendance:

DECLARATION

I declare that the above statements are true and complete and that I am the person referred to in the particulars given. In order to process this claim, I acknowledge that it may be necessary for Zurich Life Assurance plc ('Zurich Life') to seek information from any doctor who has attended me or subsequently attends me, or any hospital in which I have received or subsequently receive treatment, and I authorise the giving of such information. I also authorise the release, to Zurich Life, of any other information, which Zurich Life considers relevant to enable my claim to be dealt with.

For the purpose of data protection legislation Zurich Life is the data controller. Information on how Zurich Life collects, stores, and processes data can be obtained in its Privacy Statement which is available at www.zurich.ie/privacy-statement.

By signing this form I confirm that I have read and understand the Privacy Statement.

Name:
(Please Print)

Signature:

X

Date:



Please sign and date.

Zurich Life Assurance plc

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