ZURICH

Child's Hospital Cash

This form must be completed and signed by the policyowners. We cannot consider a claim without the insured's name and policy number completed in the boxes provided.

POLICY NUMBER

CHILD DETAILS

Forename:

Surname:

Address:

Date of Birth:

Email Address:

Please advise of relationship between you and the child, i.e. parent or legal guardian:
(If parent, please attach a **long format** Birth Certificate, or passport showing child's details.)

Kindly answer the following questions about your child's recent stay in hospital.

1. Please state the exact nature of the illness/disease/injury for which the child was/is hospitalised.

Continued overleaf

2. Please detail all surgery/treatment/procedures undertaken.

3. Please confirm the exact date that the child first attended a doctor for this condition.

4. Has the child previously suffered from this or any related condition? ◯ Yes ◯ No

   If yes, please provide details.

5. What is the name and address of the child's usual medical attendant?

   Name:

   Address:

6. Please specify the exact time and date of admission and discharge.

   Admission: Time : Date

   Discharge: Time : Date

7. Please give the full name and address of the hospital attended and the name of the doctor(s) attended there.

   Hospital:

   Doctor(s) attended:

Continued overleaf

DECLARATION

I declare that the above statements are true and complete and that I am the parent/legal guardian of the named child. In order to process this claim, I acknowledge that it may be necessary for Zurich Life Assurance plc ('Zurich Life') to seek the information from any doctor who has attended the child or any hospital in which the child has received or subsequently receives 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 the 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 Policy which is available at www.zurich.ie/privacy-policy.

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

First Policy Owner

Name:
(Please Print)

Please sign and date.

Signature:
X

Date:

Second Policy Owner

Name:
(Please Print)

Please sign and date.

Signature:
X

Date:

Continued overleaf

ZURICH

Certificate of Hospitalisation for a child

To be completed by Hospital Medical Records - We cannot consider a claim without the insured's name and policy number completed in the boxes provided

POLICY NUMBER

CHILD DETAILS

Forename:

Surname:

Address:

Date of Birth:

Email Address:

Patient's Parent's or Guardian's Name:

1. Please state the exact diagnosis of the condition for which the child was/is hospitalised.

2. Please detail all surgery/treatment/procedures undertaken.

Continued overleaf

3. Please confirm the exact date that the child first attended a doctor for this condition.

4. Please give details of any previous episodes of this condition or conditions leading to it.

5. Please advise the name and address of the referring doctor.

6. Please specify the exact time and date of admission and discharge.

Admission: Time : Date

Discharge: Time : Date

Please sign and date.

Signature:
X

Date:

Hospital stamp:

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