GDPR (General Data Protection Regulation)

Claims Form

Child Overseas Surgery Benefit

To be completed by the Life Insured

Please answer all questions fully. Failure to provide full information may delay claim consideration.

A Policyowner's Details

Policy Number	
Policy Owner	

B Childs Details

Child's Name	
Date of Birth	
Address	

Sex ◯ M ◯ F

(Please attach a copy of the child's long format Birth Cert).

Please describe the surgery the child has undergone.

When did this surgery occur?

What symptoms did the child have, and when did they first occur?

Please provide the name of the surgeon/specialist attended and the **FULL** name and address of the hospital in which the surgery was performed.

B Childs Details (continued)

Please supply the name(s) and address(es) of the child's G.P.

Name	
Address	

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

Name	
Address	

Please supply the name and address of any other doctors attended:

Name	
Address	

D Declaration

I declare that the above statements are true and complete.

I acknowledge that it may be necessary for Zurich Life Assurance plc to seek information from any doctor who has attended the above child, or any hospital in which the child has received treatment, and I authorise the giving of such information.

I also authorise the release, to Zurich Life Assurance plc, of any other information, which Zurich Life Assurance plc 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 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.

Name (Please Print)	

Signature

Please sign and date.

Signature

X

Date

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