



Hospital Cash Benefit

LIFE INSURED

POLICY NUMBER

1. Please state the exact nature of the illness/disease/injury for which you are/were hospitalised.

Please confirm the date that you first attended a doctor for this condition.

2. What were your symptoms?

What date did they first start?

3. Please give details of all surgery/treatment/procedures undertaken.

4. Have you previously suffered from this or any related condition?

YesNo

If yes, please give details.

[illegible]

Hospital:

Doctor(s) attended:

I declare that the above statements are true and complete and that I am the person referred to in the particulars given. I consent to Zurich Life seeking 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.

Zurich Life Assurance plc ('Zurich Life') is a member of Zurich Insurance Group ('the Group'). In order to provide a seamless insurance service globally, Zurich Life may transfer any data it has received from, and any data it holds on me to other units of the Group, such as branches, subsidiaries, or affiliates within the Group, cooperative partners of the Group, coinsurance and reinsurance companies located in this country or abroad. Zurich Life, as well as such recipients may use, process and store the data, in particular for the purpose of risk evaluation, policy execution, premium setting, premium collection, claims assessment, claims processing, claims payment, statistical evaluation or to otherwise ensure the Group global insurance service delivery.

If a Financial Advisor or agent is acting on my behalf, Zurich Life is authorised to use, process and store data received from such Financial Advisor or agent, and to forward to such Financial Advisor or agent my data relating to the execution of the policy, collection of premiums and payment of claims. Zurich Life will not release or share any confidential medial information with my Financial Advisor.

Zurich Life may procure data from third parties including private investigators to assess a claim. Zurich Life may check my personal data against international / economic or financial sanctions, laws or regulated listings.

You have a right of access to and the right to rectify the data concerning you held by Zurich Life.

[illegible]

Signature: **X**

Date:



Certificate of Hospitalisation

LIFE INSURED

POLICY NUMBER

1. Please state the exact diagnosis of the condition for which the patient attended hospital.

2. Was there any underlying illness? If so, please give details including any previous history.

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

4. What was the date of the first consultation for this condition?

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

Name:

Address:

6. Was the stay in hospital for the purpose of cosmetic or elective surgery?

☐ Yes

☐ No

If yes, please give details

7. 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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