



Overseas Surgery Benefit

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

Policy Number

[illegible]Life Insured[illegible]Address[illegible][illegible][illegible]Contact Number[illegible]Date of Birth

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Sex

C

 O_F

Marital Status

☐ Married/Civil Partner ☐ Single ☐ Separated ☐ Widow(er) ☐ Divorced/Former Civil Partner

Email Address

(Please attach a copy of the insured's Birth Cert and Marriage Cert, if married).

Please describe the surgery you have undergone

When did this surgery occur?

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What symptoms did you 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.

A Policy Owner's Details (continued)

Please supply the name(s) and address(es) of your 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																			

B 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 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	<div style="border: 1px solid black; height: 40px; width: 100%; position: relative;"> X </div>																		
Date																			

 **Signature**
Please sign and date.

Zurich Life Assurance plc
Zurich House, Frascati Road, Blackrock, Co. Dublin, Ireland.
Telephone: 01 283 1301 Fax: 01 283 1578 Website: www.zurich.ie
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GR: 2559 Print Ref: ZL PP 2559 0518


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