

TERMINAL PROGNOSIS ADVANCE CLAIM FORM



**CLAIMS ARE TO BE SUBMITTED WITHIN 90 DAYS
OF A SPECIFIED TERMINAL PROGNOSIS FIRST BEING DIAGNOSED**

Trustees Statement

To be completed by the Trustees in respect of the person for whom the benefit is being claimed, and returned to **Philip Williams & Co, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW.**

The issue of this form is in no way an admission of liability.

A terminal illness is any advanced or rapidly progressing incurable illness where, in the opinion of an attending Consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months (*or the period before the Benefit Participant ceases to be covered by the policy if sooner*).

Member's Details

Please refer to the Data Protection Statement on page 5 for details on how we will use the Claimant's information.
The Trustees of the Group Insurance Scheme in respect of

Surname	Forename		
Force	Collar/employee no.		
Police rank/staff rank or grade	Serving officer	Police staff	
Address		Postcode	
Email address	Telephone		
Date of birth			
Serving Member	Partner of Serving Member	Police Staff	Partner of Police Staff
Retired Member (<i>under 64</i>)	Partner of Retired Member (<i>under 64</i>)		

Claimant's Details

Surname	Forename		
Address		Postcode	
Email address	Telephone		
Date of birth			

For Scheme Trustees Use Only

I certify that the claimant is a current participant of the Scheme and that the claim details are correct.
PLEASE MAKE THE CLAIM PAYMENT TO THE TRUSTEES OF THE GROUP INSURANCE SCHEME

Date joined scheme	Date first eligible		
Benefit claimed £			
Signed	Date		
Name			

Personal Statement Continued

To be completed by the person in respect of whom the benefit is being claimed.

11. Have you ever previously claimed under this policy? Yes No

If Yes, please state condition

12. Please provide any further details you feel may help us when assessing your claim

Declaration

I declare that the information given on this form is true and complete to the best of my knowledge.

Signed

Date

I confirm that I have been informed of my rights under the Access to Medical Reports Act and consent to the underwriters to whom the claim is submitted (*the underwriters*) seeking medical information from any medical practitioner who has treated me or who has access to records relating to my physical and mental health, or any other source which is necessary and relevant in the opinion of the Underwriter's Chief Medical Officer.

Signed

Date

I do I do not wish to see any medical reports prior to their release to the Insurer.

Signed

Date

I also consent to the release of such information to the Underwriter's Chief Medical Officer.

Signed

Date

I understand and consent to the use of this information provided on this form, together with medical and other information provided in connection with any claim, for the purposes of underwriting, administration, claim management, rehabilitation and customer concern handling. In order to do this, the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers.

Signed

Date

Trustee Bank Details

Bank account name

Bank account number

Bank sort code

Bank name

ACCESS TO MEDICAL REPORTS ACT 1988

Rights and Procedures

Access to Medical Reports Act 1988, Access to Personal Files and Medical Reports (*Northern Ireland*) Order 1991

We need your consent before we can approach any doctor for a medical report about you. This is given by signing the declaration on this form. Before you sign, you should read this section carefully. It details your rights under the Act.

1. You do not have to give your consent. If you do not give your consent, we may be unable to proceed with your claim.
2. You can request to see the report before it is sent to us. We will inform the doctor that you want to see the report before it is sent to us and confirm your request in writing. You will then have 21 days to arrange with the doctor to see the report. If you haven't arranged to see the report within this period the doctor will send it to us.
3. If you indicate that you don't want to see the report, we do not have to tell you if we apply for one. You can, however, ask to see a copy of the report within six months of it being sent to us.
4. The doctor may charge you a reasonable fee if you ask to see a copy of the report.
5. If you have seen the report before it is sent to us, the doctor will require your written consent to send it to us. You have the right to ask the doctor to change anything that you consider to be incorrect or misleading. The doctor can, however, refuse to make any alterations. If the doctor refuses to change the report you may attach a note giving your views.
6. The doctor can refuse to let you see all or part of the report if, in their opinion, it is likely to:
 - Adversely affect your physical or mental health or that of others,
 - Indicate the doctor's intentions to you,
 - Reveal the identity of a third party who has given information about you unless they have consented to its disclosure or it has been supplied by a health professional involved in caring for you.

In such cases the doctor must notify you. You will only be able to see the remaining part of the report. If the whole report is affected the doctor will advise you and not send it to us without your written consent. If you refuse to give your consent we may be unable to proceed with your claim.

DATA PROTECTION NOTICE

Philip Williams & Co collects and uses your data in accordance with current data protection law (*which includes, from 25 May 2018, the General Data Protection Regulation (Regulation (EU) 2016/679) ("data protection law")*). We maintain records in regard to policy claims on computer and/or paper files. Information will only be disclosed to third parties in whatever format is considered appropriate by us. By signing this form, you consent to Philip Williams & Co using your data and the information you have provided to process the claim. Further information can be found in our Privacy Policy at www.philipwilliams.co.uk

PRIVACY NOTICE

Please Note: Our Privacy Notice can be viewed on our website at www.philipwilliams.co.uk
A hard copy can be provided upon request.



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