

PLEASE LIST THE MEDICAL EXPENSES FOR WHICH YOU WISH TO CLAIM
(continue if necessary on a separate piece of paper but please use the same headings)

Date	Nature of item	Invoice From	Currency Amount	£ Sterling	To whom is Payment to be made? You or the provider?

Have you ever suffered from this or any connected disability prior to this insurance commencing?

YES NO

If YES, please provide full details

Were you hospitalised abroad?

YES NO

If YES, please provide full details, including dates and times of admission and discharge

If your claim is for treatment received in an EEC Country and your EHIC was presented, has reimbursement been made by the Health Authority?

YES NO

If YES, please provide full details, including your National Insurance number

Did you incur additional Hotel/Repatriation costs?

YES NO

If YES, please provide full details

Have you ever made a claim for medical or additional expenses under this or any other insurance?

YES NO

If YES, please provide the following information

- 1) Name of Policyholder
- 2) Name and Address of Insurer/Underwriter
- 3) Policy Number & Claim Reference

Do you hold any other Medical Insurance or are you a member of a Private Medical Scheme under which you may be entitled to claim?

YES NO

If YES, please provide the following information

- 1) Name of Policyholder
- 2) Name and Address of Insurer/Underwriter
- 3) Policy Number & Claim Reference

DECLARATION OF THE INSURED

I declare that to the best of my knowledge and belief the answers given are true and I understand that if I have knowingly made a false representation any payments shall be invalidated.
I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information for such purposes.
I understand that in the event of a third party being liable for the accident or illness all rights are subrogated to Jubilee Service Solutions Ltd for the settlement of the claim.

Claimant's Signature

Date

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SECTION F - to be completed by the PATIENT

To be completed by the patient whose disability has resulted in the claim being made.

CONSENT TO OBTAIN A MEDICAL REPORT

Please read the following wording "Access to Medical Reports Act 1988 - Your rights Explained" before completion.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 and, in connection with my insurance claim hereby consent to Jubilee Service Solutions Ltd seeking medical information from any doctor who at any time has attended me concerning anything which affects my mental or physical health, and I agree that a copy of this consent has the validity of the original. If it should be necessary for the Scheme Administrators to approach my doctor for a medical report:

*I DO NOT WISH TO SEE THE MEDICAL REPORT
or
*I DO WISH TO SEE THE MEDICAL REPORT
(*delete as appropriate)

Patient's Signature

Date

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NOTE: Access to medical reports will facilitate the fair and accurate assessment of your claim. If you wish to see the medical report this may delay consideration of your claim.

Access to Medical Reports Act 1988 - Your Rights Explained

Before we can apply for a medical report from a doctor who has cared for you, we need your consent. Before doing so, however, you should read this carefully, as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports. You do not have to give your consent, but if you do, you can say whether or not you wish to see the report before it is sent to the Scheme Administrators. If you do not give your consent, we may be unable to process your claim.

If you wish to see the report, we will tell you at the same time as we write to the doctor, and we will tell your doctor you wish to see the report. You will then have 21 days to contact the doctor about arrangements for you to see the report. Of course, the quicker you act, the quicker your claim will be considered.

Whether or not you wish to see the report before it is sent to us, the doctor must let you see a copy for up to six months after it is supplied, if you request it.

If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen the report, the doctor cannot submit it to us until he has your consent. You can write to the doctor, asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your view on any part where you and the doctor are not in agreement, and the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of the report if in his opinion it would be likely to cause serious harm to your physical or mental health, that of others, would indicate the doctors intentions towards you, or if disclosure would be likely to reveal information about, or the identity of another person who has revealed information about you, unless that person has consented to or the information relates to, or has been supplied by a health professional involved in caring for you. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.

Please provide the full name and address of your GP:

