

# Group Critical Illness

## Member Claim Form

**It is important that the form is completed fully, truthfully and accurately. If it is not, the claim may be delayed or rejected.**

Please complete this form in block capitals and in black ink. If you need more than the allocated space for any question, please use a separate sheet of paper and clearly indicate the question you are answering. All the information you give us will be treated in strict confidence.

In addition to a fully completed claim form, we will also require the following.

- The original birth certificate and, if applicable, legal adoption certificate if the claim is for a child

Any original documents sent to us will be returned as soon as possible by Royal Mail Recorded Delivery. Aviva may request additional information for the validation of claims.

If you have any questions when completing this form, please contact us on 0800 015 7523 or email [groupecclaims@aviva.com](mailto:groupecclaims@aviva.com)

If you are deaf or hard of hearing and have a textphone, you may call us via BT Tynetalk on 018001, followed by 0800 142 2377.

**It is important that the person who is the subject of this claim has a right to confidentiality, therefore this form may be sent directly to us at; Aviva, Group Protection Claims, PO Box 3240, Norwich, NR1 3ZF.**

### 1. Policy details

Employer name	<input type="text"/>
Policy number	<input type="text"/>

### 2. Employee details

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	other <input type="text"/>	
Employee's forename(s)	<input type="text"/>					
Employee's surnames	<input type="text"/>					
Date of birth	<input type="text" value="DDMMYYYY"/>					
Address	<input type="text"/>					
	<input type="text" value="Postcode"/>					
Email address	<input type="text"/>					
Telephone number(s)	Home	<input type="text"/>	Work	<input type="text"/>	Mobile	<input type="text"/>

### 3. Spouse/Partner/Child details

(Only to be completed if the claim is being made for a spouse, partner or child of an employee.)

Title	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	other (please specify) <input type="text"/>
Surname	<input type="text"/>			
Maiden name (if applicable)	<input type="text"/>			
Forenames	<input type="text"/>			
Permanent residential address	<input type="text"/>			
	Town/City <input type="text"/>		County <input type="text"/>	
	Postcode <input type="text"/>			
Telephone number	<input type="text"/>			
Gender	Male <input type="checkbox"/>		Female <input type="checkbox"/>	
Date of birth	<input type="text"/>			
Email address	<input type="text"/>			
Relationship to employee	<input type="text"/>			

### 4. Critical illness details

(To be completed by the person who has suffered a critical illness or undergone an operation covered by the policy. In the case of a Child the Employee should complete this section.)

1. Which critical illness or operation are you claiming for? Please refer to the company policy wording or call us for further guidance if you are unsure.

  

2. When did you first notice symptoms or when did you (or your child) first feel unwell? If you are claiming following an accident, when was the accident?

3. Please describe the initial symptoms:

  

4. When did you first consult a doctor regarding these symptoms?

5. Please provide details of any treatment, investigations, medication or advice received.

  

6. Have you (or your child) previously suffered from the critical illness you are claiming for, or had any related illnesses? Yes  No

If yes, please give details including dates and symptoms.



## 6. Other information

Please give us any additional information that you feel may help with the assessment of the claim. For example, future medical appointments, copies of medical reports, any rehabilitation undertaken and plans for the future.


## 7. Payment details

**(To be completed by the employee.)**

In the event of a claim being accepted, payments can usually only be made to the employee's bank account (we will let you know in the event that the company's contract states otherwise). Please provide the employee's bank details below and note that we are unable to make BACS payment to a building society account.

Bank name	<input type="text"/>								
Sort code	<input type="text"/>								
Account number	<input type="text"/>								
Account name	<input type="text"/>								
Signature	<input type="text"/>								
Print name	<input type="text"/>								
Date	<table border="1"> <tr> <td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		

## Data Protection

### IMPORTANT INFORMATION PRIVACY NOTICE – Claims

#### Personal Information

We collect and use personal information so that we can assess any claim made under your employer's policy. This notice explains the most important aspects of how we use personal information but you can get more information about the terms we use and view our full Privacy Policy at: [www.aviva.co.uk/privacypolicy](http://www.aviva.co.uk/privacypolicy) or request a copy by contacting us at Aviva, Freepost, Mailing Exclusion Team, Unit 5, Wanlip Road Ind Est, Syston, Leicester, LE7 1PD.

The data controller(s) responsible for processing this personal information is Aviva Life & Pensions UK Limited, as the insurer of the product. Additional controllers include any applicable reinsurers.

#### Personal information we collect and how we use it

We will use personal information:

- To provide you with insurance: we need this to administer and handle any claims made under your employer's policy.
- To support legitimate interests that we have as a business: we need this to manage arrangements we have with reinsurers, for the detection and prevention of fraud and to help us better understand our customers and improve our customer engagement (this includes marketing, customer analytics and profiling);
- To meet any applicable legal or regulatory obligations: we need this to meet compliance requirements with our regulators (e.g. Financial Conduct Authority) to comply with law enforcement and to manage legal claims; and
- To carry out other activities that are in the public interest: e.g. we may need to use personal information to carry out anti-money laundering checks.

We may also use personal information about other people. This may include, for example, the family or personal history of the insured. **If you are providing information about another person we expect you to ensure that they know you are doing so and are content with their information being provided to us. You might find it helpful to show them this privacy notice and if they have any concerns please contact us in one of the ways described below.**

The personal information we collect and use will include name, address, date of birth, lifestyle, current state of health and any existing conditions of each person insured. We recognise information about health is particularly sensitive information.

Of course, you don't have to provide us with any personal information, but if you don't provide the information we need, we may not be able to proceed with the claim.

Some of the information we collect as part of this application may be provided to us by a third party. This may include information already held about you within the Aviva group, including details from previous quotes and claims, information we obtain from publicly available records, our trusted third parties and from industry databases, including fraud prevention agencies and databases.

### **How and when we share your information with others?**

We may share personal information:

- With the Aviva group, our agents and third parties who provide services to us, to help us administer our products and services;
- With regulatory bodies and law enforcement bodies, including the police, e.g. if we are required to do so to comply with a relevant legal or regulatory obligation;
- With your employer and /or the trustee, and third parties that are providing services to both you and your employer in respect of the administration of their policy with Aviva. Information that we share may include any decisions made in relation to your health data where this could limit or restrict what cover is available, for example if we were unable to offer cover for an existing medical condition;
- With other organisations including insurers, public bodies and the police (either directly or using shared databases) for fraud prevention and detection purposes;
- With reinsurers who provide reinsurance services to Aviva and for each other. Reinsurers will use your data to deal with reinsurance claims and to meet legal obligations. They will keep your data for the period necessary for these purposes and may need to disclose it to other companies within their group, their agents and third-party service providers, law enforcement and regulatory bodies

Some of the organisations we share information with may be located outside of the European Economic Area ("EEA"). We'll always take steps to ensure that any transfer of information outside of Europe is carefully managed to protect your privacy rights. For more information on this please see our Privacy Policy or contact us.

### **How long we keep your personal information for**

We maintain a retention policy to ensure we keep personal information for as long as we reasonably need it for the purposes explained in this notice. We'll need the data for the period necessary to administer your insurance and deal with claims and queries on your employer's policy. We may need to keep information after our relationship with you has ended, for example, to ensure we have an accurate record in the event of any complaints or challenges, carry out relevant fraud checks, or where we are required to do so for legal, regulatory or tax purposes.

### **Your rights**

You have various rights in relation to your personal information, including the right to request access to your personal information, correct any mistakes on our records, erase or restrict records where they are no longer required, object to our use of personal information based on legitimate business interests, asking not to be subject to automated decision making if the decision produces legal or other significant effects on you, and data portability. For more details in relation to your rights, including how to exercise them, please see our full Privacy Policy.

### **Contacting us**

If you have any questions about how we use personal information, or if you want to exercise your rights stated above, please contact our Data Protection Officer by either emailing them at [dataprt@aviva.com](mailto:dataprt@aviva.com) or writing to them at Data Protection Officer, Aviva, Level 4, Pitheavlis, Perth, PH2 0NH.

If you have a complaint or concern about how we use your personal information please contact us in the first instance and we will attempt to resolve the issue as soon as possible. You also have the right to lodge a complaint with the Information Commissioners Office at any time.

### **How we use your information**

To deal with the claim Aviva and its agents need to collect and use health information about relating to you and (where relevant) family members.

#### **By proceeding with this claim application: -**

- **You understand that we will use information about you including information about health for these purposes.**
- **You are confirming that any other person (e.g. a family member) whose information you are providing understands and has no concerns about their information being used in this way.**

NOTE: If you have any concerns about use of information for these purposes, you should not proceed with this claim application but this may prevent us assessing the claim.

You have various rights in relation to your personal data including accessing your data, and in some limited circumstances objecting to processing or having your data erased.

Signature  
[by person who is the subject of the claim]

Print Name

Date

## Declaration, Authority and Consent

(To be signed by the person who has suffered a critical illness or undergone an operation covered by the policy. In the case of a child this would be the employee)

- I authorise the release of any information to Aviva (and to any third parties acting on its behalf) which it considers relevant to this claim. This may include information requested from other insurance companies, the policyholder (including personnel and occupational health records), Aviva group companies or any other relevant source.
- I will notify Aviva immediately if my circumstances relevant to this claim alter in any way.
- I declare that to the best of my knowledge and belief the information given with or in support of this claim is true and complete and that I am the person referred to in the particulars given.
- If I am the spouse/partner of the employee, I consent to Aviva discussing this claim with my spouse/partner if necessary and agree such conversations may involve any medical information.
- I authorise any doctor or other medical attendant with whom I have consulted to provide Aviva, their agents or subcontractors, with any information **(including full medical records or notes)** concerning my past or present, physical or mental health.
- I consent to Aviva sharing such information about the nature of my incapacity and treatment with the policyholder or their agent(s) as required for the purposes of the on-going administration of the policyholder's insurance policy
- I agree to Aviva using such methods as they consider necessary and reasonable in order for the validity of this claim to be established.
- I consent to the processing (by computer and by other processing use) (which may be in any part of the world) of personal and medical details supplied in support of this claim, including the information supplied in or with this claim form, by the data controllers (the data controller is Aviva Life & Pensions UK Limited) relevant third parties for the purposes of claims assessment and validation, fraud prevention, policy administration, service provision and reinsurance.

Signature

Date

Print name

## Consent to obtain a medical report

(to be signed by the person who has suffered a critical illness or undergone an operation covered by the policy. In the case of a child this would be the employee)

Before we can apply for a medical report from your doctor we need your consent, and a declaration for this appears below. However, you should know that you have certain rights under the Access to Medical Reports Act 1988/Access to Personal Files and Medical Reports Act (Northern Ireland) Order 1991/Access to Health Records and Reports (Isle of Man) Act 1993.

The main points of the Act are as follows:

- We will write to you at the same time as we contact your doctor. If you indicate that you wish to see the report, we will tell your doctor that you have asked to see the report and you will have 21 days to contact your doctor to make arrangements to do so. When you have seen the report the doctor may not send it to us until you have given your consent to do so. If you do not contact your doctor within 21 days the report will be sent to us.
- You can ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If your doctor is not in agreement, you may attach your comments.
- During the six months after we have received your report you may ask your doctor for a copy. If you ask for a personal copy of the report the doctor can charge you a fee to cover the cost.
- In some circumstances the doctor may decide, in the interest of your health, or to respect the interest of other persons, that you should not see all or part of the report. The doctor will tell you of this and you will have the right to see any remaining part of the report. If your doctor decides that you should not see any of the report, he will not give it to us without your consent.
- You do not have to give us your consent (but without it we may be unable to proceed with your claim).

### Please read and sign the declaration below.

I have read the section about my rights under the Access to Medical Reports Act 1988 (or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991)/Access to Health Records and Reports (Isle of Man) Act 1993. I agree to the provision of any and/or all of my medical records to Aviva in connection with this claim.

**Please ensure you tick one of the following 2 boxes.** If left blank, this will delay the claim assessment.

Tick one box only

- I **do not** want to see the medical report before it is sent to Aviva

- I **do** want to see the medical report before it is sent to Aviva

Signature

Date

Print name

Please tell us if someone else filled in this form on your behalf. They should also sign and complete the section below.

Signed on  
behalf of claimant

Date

Print name

Relationship to  
claimant

