

# Group Critical Illness Claim Form

Please complete all sections in **BLOCK CAPITALS** or by ticking boxes where applicable.

Once completed, please return the form by either:

Email to: [claims@omnilife.co.uk](mailto:claims@omnilife.co.uk), or;

By post to: **Claims Administrator, Omnilife Insurance Company Ltd, 24 Chiswell Street, London, EC1Y 4TY.**

## Section A – your details

Full name			
Gender	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Date of birth
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Address			
<input type="text"/>			
<input type="text"/>			

## Section B – about your Doctor

Doctors name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	

Have you changed Doctors within the last 6 months?  Yes  No

If **'Yes'** please give details of your previous Doctor.

Doctors name	
<input type="text"/>	
Address	
<input type="text"/>	
<input type="text"/>	

## Section C – details about your occupation

Who is your employer?

What is your occupation title?

Salary used to calculate sum assured

Salary as at

D D M M Y Y

Benefit calculation (e.g. 4 x salary, flat benefit)

Contracted hours (e.g. 35 hours)

Salary hourly rate £

Benefit being claimed

## Section D – details of your illness

1) Please describe your illness in full. If necessary, please continue on the 'continuation page' at the end of form.

Date symptoms started

D D M M Y Y

2) Please provide full details of any tests/investigations that have been carried out, including name, department, reference (if appropriate) and address of the institution where such tests were performed.

3) What treatment are you currently receiving?

4) Have you previously suffered from the same or any similar condition?  
If yes, please provide full details to include full dates.

5) When did you first consult your General Practitioner for this condition?

D D M M Y Y

6) Please provide the names and addresses of any other doctors/specialists consulted for this condition or details of hospitalisation.

**Details 1**

Doctor/Specialist name

Address

**Details 2**

Doctor/Specialist name

Address

7) Please provide details of any other insurance policies under which you may receive payment for this illness.

8) Please provide any further details that you feel may help us assess your claim.

## Section E – payment of benefit

Please provide below the details of the bank account you wish Omnilife to pay the funds into.

<b>Account name</b>	
<b>Account number</b>	<b>Sort code</b>
<b>Bank name and address</b>	

### Declaration

Please read the following information carefully. They outline your statutory rights relating to the processing and use of information in connection to this claim by us 'Omnilife Insurance Company Limited (Omnilife)'.

#### How reports will be requested about your medical history

It may be necessary for us to ask any doctor who has attended to you to provide us with a medical report. In requesting this evidence, we shall always comply with the relevant law that sets out your statutory rights.

The Acts that are relevant to obtaining this kind of medical report in the UK (except the Channel Islands) are the Access to Medical Reports Act 1988, the Access to Personal File and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports Act 1993 (Isle of Man). The General Data Protection Regulation also governs the handling of medical reports.

We require your written consent to obtain a report. If you consent you can specify if you want to see the report before the doctor sends it to us. If you do want to see the report before it is sent to us, we shall inform the doctor who will hold the report for 21 days to allow you to see it. If you do see it before it is sent to us, the doctor will only release it with your permission. You can ask the doctor to amend anything in his report that you consider is incorrect or misleading.

The doctor is not obliged to let you see any part of the report that, in his opinion, may harm your physical or mental health, or that of others, or that indicates the doctor's intentions towards you. If the report reveals information about someone else who has supplied information about you, other than information from another health professional involved in your care, the doctor may only release it to you with that person's consent. If this is the case, the doctor must notify you and you will be limited to seeing any remaining part of the report. If the whole report is affected, he must not send it to us unless you give your consent.

#### How information relating to you will be processed

We will hold all information relating to you (including medical reports) electronically and/or in a manual system. All information will be processed fairly and lawfully in accordance with the principles of the General Data Protection Regulation.

Information may be shared with third parties for purposes relating to this claim, for validation purposes and for other lawful purposes. These third parties (who may be situated either within or outside the European Economic Area) may include Reinsurers, Underwriters, the Financial Conduct Authority, the Financial Ombudsman Service, medical agencies, other insurance companies and agents.

Medical information relating to you will not be shared with anyone other than you without your written consent. This includes your legal and financial advisers, your employer, your spouse or dependants. In order to administer the policy, non-medical information about you may be discussed with your financial adviser and your employer.

To understand more about our privacy policy and how we handle personal information, please visit [www.omnilife.co.uk](http://www.omnilife.co.uk). Should you wish to, you can also visit our Reinsurers privacy policy at [www.genre.com/DataPrivacy/NoticeArt14GDPR](http://www.genre.com/DataPrivacy/NoticeArt14GDPR).

## Declaration and consent

I declare that to the best of my knowledge and belief that:

- The information given above is true and accurate and;
- No material information has been withheld that may influence the assessment or acceptance of my cover.

I understand that if I have given incomplete or false information, Omnilife may change the underwriting terms, decline my claim or withdraw my cover.

I consent to Omnilife accessing the following information:

- My medical records or a medical report from any doctor who has attended me and the transfer of this information;
- Any other insurance in connection to the insurance provided by Omnilife, which could be used for this claim and the transfer of this information and;
- The sharing of information by a third party, for example health information relating to this claim and the transfer of this information.

I authorise Omnilife to release information on my health, including but not limited to:

- My doctors;
- To doctors or specialists appointed by Omnilife in relation to my claim and;
- To any third party who requires this information for legal purposes.

## Data protection

I have read and understand my statutory rights concerning the processing and use of information relating to this claim as set out in this form.

**Please read and tick one of the following boxes:**

I do not wish to see the report before it is sent to Omnilife

I wish to see the report before it is sent to Omnilife

**By signing below, you agree that we may share information relating to you.**

Signature

Full name

Date

## Continuation page

Please use this page to add further information to the questions we have asked.

When adding further information, please include the section of the form the information relates to.

**Omnilife**, 24 Chiswell Street, London EC1Y 4TY

**Telephone:** 020 7374 0123

**Email:** [Claims@omnilife.co.uk](mailto:Claims@omnilife.co.uk)

**Website:** [www.omnilife.co.uk](http://www.omnilife.co.uk)



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