

PERMANENT HEALTH INSURANCE CLAIM FORM

(To be completed by the Life Assured)

STEP 1 – LIFE ASSURED DETAILS			
Title (Please tick)	<input type="checkbox"/>	Mrs	<input type="checkbox"/>
		Ms	<input type="checkbox"/>
		Mr	<input type="checkbox"/>
		Other (in full)	<input type="text"/>
Surname	<input type="text"/>		Forename(s) (in full) <input type="text"/>
Present Address	<input type="text"/>		
Date of Birth (mm/dd/yyyy)	<input type="text"/>	<input type="text"/>	Policy Number <input type="text"/>
Occupation	<input type="text"/>		
1(a). Please advise name and address of your usual doctor: (if you have changed doctor in the last 3 years please provide details of previous GP)			
<input type="text"/>			
1(b). Please advise name and address of the doctor who treated you for the condition below, if not your usual doctor:			
<input type="text"/>			
2. Please provide as much detail as possible regarding the nature and extent of your disability, including details of any diagnosis made for the cause of your disability			
<input type="text"/>			
3 (a). Please advise date of onset of symptoms of the condition causing your disability:			
<input type="text"/>			
3 (b). Please advise nature and date of any investigations or surgery you have undergone:			
<input type="text"/>			
4. Please note any further comments which you feel may assist Harcourt Life in dealing with your claim.			
<input type="text"/>			
STEP 2 - CONSENTS & DECLARATIONS			
I declare that the answers given in this claim form are to the best of my knowledge and belief true and complete. Yes <input type="checkbox"/> No <input type="checkbox"/>			
I declare that the above statements are accurate. Yes <input type="checkbox"/> No <input type="checkbox"/>			
I hereby consent to Harcourt Life seeking and processing information in connection with this claim from any Doctor who has at any time attended me or from any other person.			
I GIVE THIS CONSENT <input type="checkbox"/>		I DO NOT GIVE THIS CONSENT* <input type="checkbox"/>	
*If explicit consent is not given, Harcourt Life will be unable to process your claim.			
Signature of Life Assured	<input type="text"/>		Date <input type="text"/>

PRIVACY STATEMENT

Our Privacy Statement explains when and why we collect personal information about our customers, how we use it, the conditions under which we may share it with others and how we keep it secure. It also explains how long we keep customer information for, how a customer can obtain details of the information we keep and the choices customers have about how we use that information. You can find a copy on our website www.harcourtlife.ie or you can request a copy from our Customer Service Team.