

Claims Dept
Holloway Friendly
Holloway House
71-73 Eastgate Street
Gloucester
GL1 1PW

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| Telephone: 01452 782754 |
| Fax: 01452 386859 |
| Email: claims@holloway.co.uk |
| Policy No: |

BREAST CANCER BENEFIT CLAIM FORM

Please read the guidance notes which accompany this form. Answer all the questions on this form in full and forward it to the Society no later than 12 weeks from when you are first diagnosed together with documentation to prove your date of birth. Acceptable documents would be birth certificate or passport.

Section 1 – Personal Details

| | | | |
|---|------------------------|----------------|----------------|
| 1 | Full Name: | | |
| 2 | Address: | | |
| 3 | Home Telephone number: | Mobile Number: | Email Address: |

Section 2 – Claim Details

| | | | |
|---|---|---------|------------------|
| 1 | What condition have you been diagnosed with? Please provide the staging if known. | | |
| 2 | Please give the date on which you were given the diagnosis. | | |
| 6 | What is the name and address of your GP? Telephone Number: | | |
| 7 | Please give details below of any specialist or consultant you have been seeing. | | |
| | Names | Address | Telephone Number |
| | | | |

Section 3 – Third Party Access

Should you wish to consent for a third party to be able to discuss your claim with us (e.g. Partner, Family) please provide their details below:

| | |
|---------------------------|-----------------------|
| Name: | Date of Birth: |
| Connection to you: | |

Section 4 – Claim Payment Details

Our method of payment will be by cheque to the policyholder.

Data Protection

The information provided in the claim form will be used to carry out an initial assessment of the claim and to collect any medical reports or information required by Holloway Friendly to establish the basis of your claim. Information collected will be used to set up and administer the claim. A copy of the claim form and any supporting information, including medical reports, may be given to a reinsurance company if the risk is shared with the reinsurance company. Any information which is provided in connection with your claim will be used only for underwriting and claims purposes.

If you would like to request a copy of the information held about you, please write to the Holloway Friendly Data Protection Co-ordinator. A fee may be charged for providing information. The information you have supplied will be kept confidential and will not be disclosed to any other party without your consent, unless it is lawful to do so.

Some services are provided to Holloway Friendly by third parties such as underwriting and claims control or obtaining compliance or regulatory advice which warrant the disclosure of more than just your basic contract details. You agree that personal information held by Holloway Friendly may be disclosed on a confidential basis, and in accordance with Data Protection Act 1998, to any such third parties. You also agree that this information may be transferred electronically, e.g. email and you agree that ourselves, or any such third party may contact you in the future by any means of communication which we consider appropriate at the time.

ACCESS TO MEDICAL REPORTS ACT

Before we can assess your claim we may have to obtain a medical report from a doctor who has cared for you. The Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 gives you certain legal rights over these reports. Briefly your rights are as follows:

1. Before we can apply for a medical report from a doctor who has cared for you, we need your agreement. You can refuse but in this case we will not be able to admit your claim and pay you benefit.
2. You can ask to see a report before your doctor sends it to our Chief Medical Officer or you can ask your doctor to see a copy of the report for up to six months after it has been sent to us.
3. If you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to this, you may attach a statement of your own.
4. Your doctor does not have to let you see the report if he or she believes it is not in the interests of your health, or if the interests of other people have to be considered. Once you have seen the report your doctor cannot return it to us unless you agree.
5. If we need a report and you have said you want to see it before it is returned to us, we will write to let you know. You will then have 21 days to contact the doctor to arrange to see the report. After this period the doctor will be free to return the report.

I do not wish to see this report before it is sent to Holloway Friendly. **If you wish to see the report please tick this box**

General Declaration and Consent

I declare that to the best of my knowledge and belief the information on this form is true and complete and I undertake to provide any additional information which may be required for the assessment of my claim.

I consent to Holloway Friendly seeking information in connection with my claim from any medical practitioner, hospital, specialist or any other person or 3rd party source the company deems necessary. I also authorise the giving of such information to any party Holloway Friendly deem appropriate in the assessment of my claim.

PLEASE SIGN AND DATE THIS FORM HERE

| | |
|-------------------|--------------|
| Signature: | Date: |
|-------------------|--------------|

If you (or an agent working on your behalf) deliberately or recklessly provided inaccurate information when applying for this plan we are entitled to cancel this plan and refuse to pay the amount of cover. In these circumstances we would not refund any premiums you have already paid.