



KEANEY INSURANCE BROKERS LTD.



Please complete and sign the Form and forward along with the requested documentation to: Keaney Insurance Brokers Ltd, 30 Lower Leeson Street, Dublin 2.

CRITICAL ILLNESS BENEFIT CLAIM FORM

Full Name: (as known to the employer) (Mr/Mrs/Miss/Ms)	.....
Alternative name: (if also known by any other version of name)	.....
Home Address:	..... ..... .....
Telephone Number:	.....
Mobile Number:	.....
Date of Birth:	.....
Employer Name:	.....
Workplace Address	...............
Staff/Payroll Number (please leave blank if unknown)	.....
Grade/Job Category:	.....
Approximate date of joining IMPACT	.....

Please describe your condition in full (continue on a separate sheet if required):

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2. On what date did you first note symptoms?

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3. On what date was your condition diagnosed?

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

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5. What treatment are you currently receiving?

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6. Have you previously suffered from the same or any similar condition? Please provide full details including dates:

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7. When did you first consult your General Practitioner for this condition

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8. Please provide the name and address of your General Practitioner?

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9. Please provide the name and address of the doctor(s)/specialist(s) consulted for this condition, or details of hospitalisation. Please indicate who would be the most appropriate to contact:

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10. Please provide any further details you feel may help us when assessing your claim:

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11. Have you previously made a claim under a Critical Illness Policy? If yes, please confirm the date, reason for the claim, underwriting decision and Insurance Company

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Access to Medical Reports Act 1988

Your rights under this Act – please read this carefully

- a) You do not have to agree to a medical report
- b) You can see the report before your doctor sends it to us, or during the six months after that.
- c) You can ask the doctor to change any of the report if you think it is wrong or misleading. If the doctor does not agree, you can write your comments on a sheet of paper and attach them to the report.
- d) If you ask your doctor for a copy of the report, you might have to pay for it. The doctor does not have to show you parts of the report which:
 - ◆ Might damage your, or anyone else's physical or mental health.
 - ◆ Would give away the doctors intentions for treating you; or
 - ◆ Would tell you about someone who has given information about you. (This does not apply if that person agrees to you knowing or is a health worker looking after you).

The doctor must tell you if he or she has not shown you part of the report. If the whole of the report is affected, your doctor must not send it to us unless you agree.

If you tell us you want to see the reports before your doctor sends them to us, your doctor must show them to you first unless you fail to arrange to see them within 21 days.

Please tick one box

I wish to see reports before they are sent to the Company.

☐

I do not wish to see reports before they are sent to the Company.

☐

Declaration

I hereby certify that the foregoing information is true and correct and I agree that any statement made by me and found to be false shall surrender all my rights under my policy at the option of the company. I understand that Keaney Insurance Brokers Limited will verify my membership details with IMPACT

I hereby authorise any hospital, physician, employer or any other person to furnish all information as requested by the company or its representative in consideration of the claim.

Copies of this declaration will be legally valid.

I understand that this form will be passed to *or used by member companies of:*
Keaney Insurance Brokers Limited and Underwriters for the purpose of my insurance. This includes underwriting, processing, claims handling, membership verification by IMPACT and fraud prevention, which could include passing details to agents of Keaney Insurance Brokers Limited or other insurers. You may ask other insurers for information to check the information I have given.

Claimants Signature

Full Name

Full Address (Inc. postcode)

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Date

Data Protection Act 1998