

PERMANENT HEALTH INSURANCE CLAIM FORM

Utmost Wealth Solutions is the brand name used by a number of Utmost companies. This item has been issued by Utmost PanEurope dac.

IMPORTANT INFORMATION

Please ensure that all sections are fully completed. In this form words in the singular shall include the plural and vice versa.

HOW TO COMPLETE THIS FORM

This form should be completed by the Life Assured using **blue or black ink** and **BLOCK CAPITALS**. If you make a mistake, cross it out, put in the correct words and sign your initials next to the correction. **Do not use correction fluid.**

WHAT TO DO WHEN YOU HAVE COMPLETED THIS FORM

Our preference is to receive documentation scanned and emailed. Please return the completed form(s) and supporting suitably certified documentation to Info@UTMOST.ie.

If you are unable to send documentation electronically, it can be posted to Utmost PanEurope dac, Bishop's Square, Redmond's Hill, Dublin 2, Ireland.

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 at www.utmostinternational.com/privacy-statements/ or you can request a copy from our Client Relations Team.

USING THE EDITABLE FIELDS?

To ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

A LIFE ASSURED DETAILS

Title (Mr, Mrs, Miss or Other)	<input type="text"/>
Surname	<input type="text"/>
Forename(s) (in full)	<input type="text"/> <input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/>
Date of Birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Policy Number	<input type="text"/>
Occupation	<input type="text"/>

Confirm the name and address of your usual doctor (if you have changed doctor in the last 3 years please provide details of previous GP)

Confirm the name and address of the doctor who treated you for the condition below, if not your usual doctor

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

Confirm the date of onset of symptoms of the condition causing your disability

Confirm the nature and date of any investigations or surgery you have undergone

Using the space below, provide any further comments which you feel may assist Utmost PanEurope dac in dealing with your claim.

B DECLARATION

I declare that the answers given in this claim form are to the best of my knowledge and belief true and complete.

I declare that the above statements are accurate.

I hereby consent to Utmost PanEurope dac 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 consent I do not give consent*

*If explicit consent is not given, Utmost PanEurope dac will be unable to process your claim.

Signature of Life Assured

SIGNATURE

Date

d	d	m	m	y	y	y	y
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A WEALTH *of* DIFFERENCE

www.utmostinternational.com

Utmost PanEurope dac (registered number 311420) is regulated by the Central Bank of Ireland.

Registered Office address: Navan Business Park, Athlumney, Navan, Co. Meath, C15 CCW8, Ireland.

Utmost Wealth Solutions is registered in Ireland as a business name of Utmost PanEurope dac.

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