

Expatriate/Inpatient Medical Claim Form



360 Accident & Health Pty Ltd **ABN** 25 623 247 978 is an Authorised Representative (**AR** 1262596) of
360 Underwriting Solutions Pty Ltd **ABN** 18 120 261 270, **AFSL** 319181
Level 18, 201 Kent Street, Sydney, NSW 2000

360 Expatriate/Inpatriate Medical Claim Form



How to Fill in the Claim Form

- + Please fully complete all sections of this form in full, otherwise the processing of your claim cannot proceed.
- + Ensure you sign the Medical Authority and Declaration
- + Claim form must state the actual injury/illness being treated (i.e. "medical condition" will not be accepted)
- + All family members are to be included on the one form
- + Ensure all medical receipts and relevant documentation is submitted with this form
- + Ensure you have provided itemised receipts written in English or with an English translation provided (credit card slips are not sufficient)
- + Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately
- + All medical and hospital expenses incurred with Australia must first be claimed through Medicare as well as your private health fund before submitting to us
- + Please keep a photocopy of all documentation you send to us for your own records.
- + If insufficiency space is provided, please attach separate sheets
- + Incomplete, illegible or unclear answers will delay processing of your claim
- + The completion of this form does not constitute policy acceptance by the Insurer
- + To ensure prompt action, please submit ALL documentation to claim claims@360uw.com.au

General Insurance Code of Practice

In accordance with our binding authorities, where we act on behalf of the insurer, we are bound by the General Insurance Code of Practice. The Code is designed to set minimum standards of practice and service in the insurance industry.

Further information about the Code can be obtained from www.codeofpractice.com.au

Agent of Insurer

In accordance with the requirements of the *Corporations Act 2001*, 360 Accident & Health in arranging or effecting this insurance or dealing with or settling claims will be acting under an authority given to it by certain insurers. Accordingly, 360 Accident & Health will be acting as an agent of the insurers and not an agent of the insured.

Complaints and Dispute Resolution

We view seriously any complaint made about our products or services and will deal with it promptly and fairly.

If you have a complaint please first try to resolve it by contacting the relevant member of our staff.

If the matter is still not resolved, please then contact our Internal Disputes Resolution Officer on 1800 411 580 or by email at idr@360uw.com.au or by writing to us at the address for 360 Accident & Health Pty Ltd given in this form. They will seek to resolve the matter in accordance with the General Insurance Code of Practice and our Dispute Resolution procedures.

If the matter is still not resolved, or you are not satisfied with the way a complaint has been dealt with we will provide you with information about Lloyd's Australia and the Australian Financial Complaints Authority (AFCA) including their contact information.

Privacy Statement:

We are committed to protecting your privacy in accordance with the *Privacy Act 1988 (Cth)* and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.360uw.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

Policy/Claimant Details

Employer / Company		Policy Number	
<input type="text"/>		<input type="text"/>	
Name (Last, First, M.I.)		Male	Female
<input type="text"/>		<input type="text"/>	<input type="text"/>
Date of Birth		Nationality	
<input type="text"/>		<input type="text"/>	
Address			
<input type="text"/>			
<input type="text"/>			
Country			
<input type="text"/>			
Medicare Eligibility	Eligible	Not Eligible	Mobile Phone
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
			Work Phone
			<input type="text"/>
Do you consent to us communicating with you by email?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Email Address (Important)			
<input type="text"/>			

CLAIM DETAILS						
Treatment Date	Description of Injury/ Illness	Treatment	Name/ Relationship	DOB	Currency	Claimed Amount
<i>e.g. 31/1/2014</i>	<i>Broken Leg</i>	<i>Consultation</i>	<i>Julie / Daughter</i>	<i>29/1/1998</i>	<i>USD</i>	<i>\$100</i>

Are these costs incurred in your home country? Yes No

If so, please provide us with the travel dates of each family member to and from your home country

Electronic Funds Transfer Details

Following 360 Accident & Health's approval of your claim, your claim benefits can be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution		Account Name
<input type="text"/>		<input type="text"/>
BSB	Account No	Bank SWIFT code (if required)
<input type="text"/>	<input type="text"/>	<input type="text"/>
IBAN Number	Currency	
<input type="text"/>	<input type="text"/>	
Bank Address		
<input type="text"/>		
<input type="text"/>		

Medical Authority and Declaration

I understand that by investigating my claim or by accepting proof of my claim, 360 Accident & Health Pty Ltd (360 A&H) and its agent has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I agree to 360 A&H and its agent using and disclosing my personal information to the insurer, the Policy Holder, my employer, the insurance broker, the underwriting agent, my medical practitioners, my health providers, Medicare, or other parties as required by law. I understand this is pursuant to 360 A&H's Privacy Policy and this document.

In the event of any conflict between the documents, this document will be determinative. This consent remains valid unless I alter or revoke it by giving written notice to 360 A&H's Privacy Officer.

I authorise any person or entity, including those referred to above, to provide to 360 A&H and its agent such personal information (including health information) as 360 A&H and its agent in its absolute discretion considers relevant for its assessment of my claim or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and cooperation to 360 A&H and its agent in the assessment of my claim.

I confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim.

I understand that if I do not consent to the terms of this authority or revoke my consent, 360 A&H and its agent may not be able to process or assess my claim.

I appoint 360 A&H and its agent to do everything necessary or expedient to give effect to the transactions contemplated by the consents and authorisations in this document and to execute, on my behalf, any documents or to do such acts required to give effect to this Privacy Consent and Medical Authority.

Signature of Insured	<input type="text"/>
Date	<input type="text"/>
Print Name	<input type="text"/>
Signature of Witness	<input type="text"/>
Date	<input type="text"/>
Print Name	<input type="text"/>



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