

Disability benefit claim form

(to be completed by the claimant)

Instructions

All questions must be answered accurately with full disclosure of all relevant information. If there is insufficient space for any answer please continue on a separate piece of paper and attach to this form. Please return this questionnaire to your local Zurich office, details of which are in section 13 'Local Zurich office contact details'.

We adhere to strict confidentiality procedures when we communicate with our clients. For security purposes, we will regard the details you provide as your authorised contact details; it is therefore important that they are accurate and that you let us know if any of these details change.

Any benefit payment made will be subject to any applicable trade or economic sanctions.

1. Policy number

Please choose the benefit(s) you wish to claim

Waiver of premium (WOP) Permanent total disability (PTD) Long term care

2. Details of the Life Insured

Title Mr Mrs Ms Other (*specify*)

First name
Last name
Any previous names or alias used, including maiden name (<i>if applicable</i>)

3. Claim history

Have you made a previous benefit claim to Zurich International Life in the past?

Yes No

If yes, please provide the following information.

Policy number(s):

Date of previous claim(s):

Benefit(s) previously claimed:
Details of the illness(es) for which you had previously claimed.

4. Details of disability

Please provide details of your disability and cause of disability.

What was the overall diagnosis?

Have you undergone any tests or investigations to confirm this diagnosis?

Yes No

If yes, please give details (including of diagnosis).

What treatment are you currently receiving?

Have you received any other form of treatment?

Yes No

If yes, please give details.

Please provide details of treatment/rehabilitation received.

What date did your symptoms first commence?

Date

Have you suffered from the same or similar condition previously?

Yes No

If yes, please give details including dates.

When did you first consult a doctor regarding this condition?

Please provide us details of your hospital/doctor(s) where you were admitted /treated for your condition (please include name of the doctor(s), specialty, hospital/clinic, address, telephone number and email address).

4. Details of disability (continued)

Please ensure that have enclosed copies of your hospital/medical reports (if the disability resulted due to a medical condition) or copies of any relevant police accident investigation reports, medical reports (if the disability resulted from an accident) or copies of health and safety and employer investigation reports, medical reports (if the disability resulted from an accident in the work place) along with the claim form in order for us to assess your claim.

Please provide the name and contact details of your usual doctor who is familiar with your medical history (please include name, hospital details, address, telephone number, and email address).

Have you received payment for this condition under any other insurance policies?

Yes No

If yes, please provide details.

Name of the company	Type of Insurance	Amount of Cover

5. Employment details at the time of the claim

Were you in employment at the time of your accident or illness?

Yes No

If no, please provide details. If yes, please confirm if you were working full or part time.

Please confirm your job title at the time of the illness/accident and provide a description of your duties performed as part of your role.

Please provide us details of your employer (name of employer, address, telephone number, email address).

Name
Address
Telephone number
Email address

Please provide details of your line manager (name, telephone number, email address).

Name
Telephone number
Email address

5. Employment details at the time of the claim (continued)

What aspect of your disability prevents you from following your occupation?

On what date were you first absent from work?

Date

Do you anticipate returning to work?

Yes No If yes, when?

Date

Do you intend to seek alternative employment?

Yes No

Is there any aspect of your disability that will prevent you working in any occupation?

Yes No

If yes, please give full details.

Please provide a letter from your employer confirming the date on which you were first absent from work. Please also note that we may need to contact your employer to verify aspects of your occupation and employment contract in order to assess the claim.

Please provide any additional information below which you consider are relevant to your claim.

6. Claimant details

Title Mr Mrs Ms Other (*specify*)

First name

Last name

Any previous names or alias used, including maiden name (*if applicable*)

Date of birth

Country of birth

Place of birth

Nationality

Do you hold nationality in any other country?

Yes No

If 'Yes', please confirm the country

Current residential address

Correspondence address (if different from the residential address)

Email ID

Contact number (including country code)

Is this a U.S.* based telephone number?

Yes No

Are you a U.S.* tax payer?

Yes No

Are you a U.S.* citizen?

Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

6. Claimant details (continued)

Please state all countries where you are currently deemed to be resident for tax purpose

Country/Countries of tax residence	Tax reference number(s)

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number

7. Method of payment (Please tick one of the following options)

Autopay Interbank giro payment (Singapore dollars in Singapore only)

Telegraphic transfer (bank charges apply) Swedish giro (Swedish krona to Swedish banks) BACS (UK only)

Bank name
Bank address
Account holder's name(s)

If the above stated account holder(s) name differs from the claimant(s) name, please clarify why and complete the following information. If not different, please leave the below section blank and continue to bank account detail – section 8.

Reason

Title Mr Mrs Ms Other (specify)

First name
Last name
Any previous names or alias used, including maiden name (if applicable)

Date of birth

Country of birth	Place of birth
Nationality	

Do you hold nationality in any other country? Yes No

If 'Yes', please confirm the country
Current residential address
Correspondence address (if different from the residential address)
Email ID
Contact number (including country code)

Is this a U.S.* based telephone number? Yes No

Are you a U.S.* tax payer? Yes No

Are you a U.S.* citizen? Yes No

*The definition of U.S. includes the 50 United States of America, the District of Columbia, Guam, Puerto Rico, U.S. Virgin Islands, American Samoa and the Northern Mariana Islands.

7. Method of payment (continued)

Please state all countries where you are currently deemed to be resident for tax purposes

Country/Countries of tax residence

Tax reference number(s)

** If you are currently tax resident in the United Kingdom, please provide your National Insurance number.

8. Bank account details

Please provide us bank account details of the country where you are currently resident

Please state the currency of your bank account (AED, USD, GBP, HKD, SEK, etc.)

If you do not indicate the currency of your bank account above, we will proceed to make the payment in the plan currency and this may incur additional charges or exchange rate charges by your bank.

Account number

Sort code (UK banks only) –

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

IBAN (**Note:** depending on your region, you may not need to use all the IBAN boxes)

Bank number (Hong Kong only)

Branch number (Hong Kong only)

Reference to be quoted (if applicable)

Correspondent bank details (if funds are to be paid through a separate bank)

Bank name

Bank address

Account holder's name

Account number

Sort code (UK banks only)

SWIFT code (not required for UK banks)

ABA number (U.S. banks only)

IBAN (**Note:** depending on your region, you may not need to use all the IBAN boxes)

9. Proof of identity and residential address for claimant(s)

Please ensure a valid suitably certified photographic ID and Proof of Address document are attached along with the form of the claimant. For more details with regards to type of ID and Proof of Address documents that can be used, please refer to the 'Customer's guide to AML'.

10. Complaints

If you are not satisfied with our handling of your claim, please refer to our complaints procedure on our website www.zurich.ae.

11. Declaration/Data protection

Declaration

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief, and will form the basis of my claim application.

I understand that failure to disclose any material fact may invalidate the claim application resulting in the loss of benefits. **Note:** a material fact is one which may influence the assessment or acceptance of your claim application. If you are in any doubt as to the relevance of any information, please give details.

Contact details

I understand that for security purposes, the Company will regard the contact details provided as my authorised contact details and that it is important that I let the Company know if any of these details change.

Special category data consent

By signing this form, I consent to the Company processing my medical and health information and authorise the seeking and processing of information from any medical practitioner who has attended me or from any insurer to which an application has been made for insurance. I confirm such authorisation shall remain in force after my death.

Withdrawal of consent

I understand that where I have provided consent I have the right to withdraw the consent at any time and that such withdrawal will not affect the data processing carried out prior to such withdrawal.

I confirm that this signature is mine or that of my appointed legal representative

If your signature is different from the signature in your passport/ID, or does not exist on the passport/ID, or if your signature has changed over a period of time, you will need to complete a 'Certifying signature form' and include a certified copy of the signature page of the passport even if it is not signed.

Signature of the life insured

Date

D	D	M	M	Y	Y	Y	Y
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12. Privacy notice

This Notice is a summary of our Privacy Policy which describes how we collect and use personal information as Data Controller. For the full version please visit online <https://www.zurichinternational.com/en/zurich-international-life/about-us/privacy> or contact us for a copy.

Personal information we use

We use personal information such as name and contact details ("Personal Data") and sensitive personal information such as medical details ("Special Category Data").

What we do with personal information

We use personal information to provide financial services, for example processing in connection with:

- setting up and managing a contract of insurance
- providing marketing information with consent
- complying with our legal obligations
- running our business where we have a legitimate interest to do so.

Without accurate and sufficient personal information where required, we cannot offer financial services.

Sharing of personal information

We obtain personal information from, and share personal information with other organisations such as:

- Zurich Insurance Group Ltd. or any of its affiliated companies
- companies who supply services to us such as administration
- healthcare service providers
- financial advisors and employers where appropriate.

How we transfer personal information to other countries

As a global business we ensure that personal information is equally protected in all locations by complying with data protection laws of the EU, Isle of Man and of each location in which operate.

12. Privacy notice (continued)

How long we hold personal information for

We retain personal information for as long as is necessary to meet the purposes for which it was originally collected or to satisfy our legal obligations.

Data subject rights

The person who is the subject of the personal information (the "Data Subject") has the following legal rights:

- access to personal information
- data rectification where it is inaccurate or incomplete
- erasure of personal information
- to restrict the processing of personal information
- data portability – to obtain personal information in a digital format
- to object to the processing of personal information
- to not be subject to automated individual decision making processes
- to withdraw consent at any time where processing is based on consent.

If you have cause for complaint regarding our processing of personal information, you can contact the Isle of Man Information Commissioner.

Data protection contact

- Email our Data Protection Officer at ZILLPrivacy@Zurich.com.
- Write to our Data Protection Officer or call Zurich HelpPoint by using the details on the 'contact us' page of our website zurich.ae.

13. Local Zurich office contact details

Email us at: benefit.claims@zurich.com

Call us:

Bahrain

Telephone: +973 1756 3321

Isle of Man

Telephone: +44 1624 662266

Qatar

Telephone: +974 4428 6322

Singapore

Telephone: +65 6876 6750

United Arab Emirates

Telephone: +971 4 363 4567

Zurich International Life Limited is registered in Bahrain under Commercial Registration No. 17444 and is licensed as an Overseas Insurance Firm – Life Insurance by the Central Bank of Bahrain.

Zurich International Life Limited is authorised by the Qatar Financial Centre Regulatory Authority.

Zurich International Life Limited is registered (Registration No. 63) under UAE Federal Law Number 6 of 2007, and its activities in the UAE are governed by such law.

Zurich International Life Limited (Singapore branch) is licensed by the Monetary Authority of Singapore to conduct life insurance business in Singapore. Member of the Life Insurance Association of Singapore. Member of the Singapore Financial Dispute Resolution Scheme.

Zurich International Life is a business name of Zurich International Life Limited which provides life assurance, investment and protection products and is authorised by the Isle of Man Financial Services Authority.

Registered in the Isle of Man number 20126C.

Registered office: Zurich House, Isle of Man Business Park, Douglas, Isle of Man, IM2 2QZ, British Isles.

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