## CLAIM FORM

Claims for payment of school fees must be submitted to the Official Managers immediately after the pupil is certified as fit to return to the school premises. Claims for each term are dealt with separately and must in any case be submitted not later than 30 days after the close of the term to which they relate.

Please complete in BLOCK CAPITALS and return to the SCHOOL

### PART 1

to be completed by the fee payer. If the claim is for 15 days or more, Part 3 must be completed by the Medical Practitioner attending the pupil.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Name of Pupil |  | | | | | |
| Date of birth: |  | | | | | |
|  | Male  Female | | | | | |
| Name of school: |  | | | | | |
| Name and full address of fee payer: |  | | | | | |
| Post code: |  | | E-mail address: | |  | |
| Contact number: |  | |  | |  | |
| Details of illness/condition or reason for absence: |  | | | | | |
| Dates of incapacity: | From:  (first day of incapacity) |  | | To:  (last day of incapacity) | |  |

Was the absence of the pupil for any sickness, condition or injury that the pupil has received treatment for, or advice (including regular or routine examinations or consultations to monitor the condition) in the 12 months prior to being covered on this scheme at this school? Yes ☐ No ☐

If YES, please provide details:

Signature of fee payer:

Date:

Once the fee payer has completed Parts 1 and 4 of the form, it must be returned to the school to complete the section below and forward to Marsh Education Practice.

### PART 2

To be completed by the school.

|  |  |
| --- | --- |
| Name of school: |  |
| Post code: |  |
| School account number: |  |
| Name of pupil: |  |
| Date of joining the scheme: | Winter  Spring Summer Year: |
| Boarder or day pupil: |  |
| Fees for the term of absence: (net amount excluding any extras) |  |
| First day of absence: (as per attendance register) |  |
| Last day of absence: (as per attendance register) |  |

Name of school official:

Signature of school official:

Date:

### PART 3

To be completed by the Medical Practitioner. This section must be fully completed by the Medical Practitioner attending the pupil if the claim is for 15 days or more. Upon completion of this section the form should be forwarded to the fee payer for submission to the school.

Please note: Medical fees borne by the insured school or fee payer in preparing a claim under this insurance  
are excluded.

|  |  |
| --- | --- |
| Are you the patient's usual doctor? | Yes ☐ No ☐ |
| Please give full details of injury/illness and dates of incapacity: |  |
| When did the patient first receive medical attention for this condition? |  |
| Has the patient ever suffered with this or any similar condition before the present episode? | Yes ☐ No ☐ |
| If YES, please give details including dates, treatment and consultation: |  |

Please use validation stamp and complete in BLOCK CAPITALS:

|  |  |  |
| --- | --- | --- |
| Name: |  | Validation stamp |
| Postcode: |  |
| Telephone number: |  |

Signature:

Date:

### PART 4

To be completed by the fee payer.

The safest and preferred payment method is BACS. Therefore please provide the details requested below.

|  |  |
| --- | --- |
| Exact name(s) in which the bank account is held: |  |
| Name and address of bank: |  |
| Sort code: |  |
| Bank account number: |  |

\* Please note that settlement can only be made in British Pounds Sterling. If we are unable to make payment directly into the account specified we will issue a cheque made payable to the fee payer at the address provided overleaf.

Signature of fee payer:

Date:

### IMPORTANT NOTE:

* + - * 1. In order that claims under this scheme can be dealt with quickly, the insurers have given Marsh Education Practice authority to assess and settle claims. In this respect only, Marsh is acting as agent of the insurers. If this is not acceptable to you, then please indicate by ticking this box
        2. All claims are subject to the terms and conditions of the scheme.

### YOUR INFORMATION

To provide our services, we need to collect and use information about individuals such as their name and contact details, as well as special categories of personal data (e.g. about their health information) [and information about criminal convictions and offences]. The purposes for which we use personal data may include arranging insurance cover, handling claims, for crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at <https://www.marsh.com/uk/privacy-notice.html> or in hard copy on request by emailing or writing to Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or [dataprotection@marsh.com](mailto:dataprotection@marsh.com).

Providing the services may involve the disclosure of personal data to third parties such as insurers, reinsurers, loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

Depending on the circumstances, the use of personal data described in this notice may involve a transfer of data to countries outside the UK and the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.

In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) [and/or information relating to criminal convictions and offences]. Generally, we are able to do this because it is necessary for the insurance activities that we undertake or for fraud prevention purposes.

Where you are providing us with information about a person other than yourself, you agree to notify them of our use of their personal data and, if requested by us, obtain their consent to our use of any special categories of personal data such as health information and information relating to criminal convictions and offences (e.g. by requiring the individual to sign a consent form).