

Important information

1. Please ensure that all relevant sections of this claim form are fully completed. We may be unable to consider assessment of your claim unless all information has been provided. Failure to complete all information may result in a delay in the assessment of your claim.
2. The issue and acceptance of this form does not constitute an admission of liability by the company or waiver of its rights.
3. Read, complete and sign the medical authority and declaration section. This allows us to contact the doctor and/or specialist on your behalf if we need any more information to review your claim.
4. Your completed and signed form can be sent to us by:
 - emailing nibexpatclaims@nib.com.au
 - submitting via the online claims portal www.nib.com.au/expathealth/claims
 - mailing to nib Expatriate Health Claims, AXA PPP International, Phillips House, Crescent Road, Tunbridge Wells, Kent TN1 2PL, United Kingdom
5. For audit purposes, we'll need to keep any invoices connected with your claim.
6. Claims and emergency assistance are supported by AXA PPP International (a trading name of AXA PPP healthcare Limited) on behalf of the Insurer.

1. Policy details

Customer's details

Customer name

Customer number

Policy number

Claim number

Is the patient entitled to Medicare Benefits in Australia?

Does the patient hold Private Health Insurance?

What is the patient's nationality?

Has the patient been continually living overseas for the past five (5) years?

Patient's details

Patient name

Date of birth

Patient phone

Patient email

Yes No

Yes No

Yes No

2. Information about your claim

To be completed by the patient

Sometimes, we can recover the money we pay for treatment if it's as a result of an accident or bodily injury and someone else is at fault. Answering these questions will help us decide if this is an option for us. This will not affect the outcome of any claim on your nib Expatriate Health Insurance policy.

Is the treatment as a result of a bodily injury caused by an accident?

Yes No

If yes, do you feel that someone else was at fault and caused the accident or bodily injury?

Yes No

Do you have any other insurance policy that could also cover your costs (e.g. a travel policy)?

Yes No

3. Payment details

This section only needs to be completed if you've already paid the hospital or medical practitioner for your treatment.

Please complete this section with your bank account details and send us the receipts. We'll reimburse you by cheque or Electronic Funds Transfer directly to your bank account.

- We can't reimburse to credit or debit cards so please don't list any card numbers on this form.
- If you would like to be paid in Euros, please make sure you include the IBAN and Swift codes.

Currency for claim to be paid in

Bank account number

Bank name and address

IBAN (if applicable)

Swift or BIC (if applicable)

BSB (if applicable)

Payee name

Country (if applicable)

Bank account name

Proof of payment

Please attach all invoices or receipts and/or proof that you have paid for the treatment as well as any medical certificates, correspondence or documents relevant to the claim. To avoid any delays with your claim please make sure you list:

- The dates of the treatment
- The type of treatment
- The invoice value and let us know whether you have already paid any of these.

Paying the hospital directly

If you haven't yet paid for this treatment, it may be possible for us to pay the hospital directly. Please call us before you have your treatment on +61 2 4047 0965 to arrange this.

4. About your treatment

To be completed by the patient's medical practitioner.

Patient name

Date of birth

How long has the patient been known to you?

Patient phone

Are you the patient's usual primary care physician? Yes No

Medical details

Medical condition/diagnosis

Description of symptoms

4. About your treatment (continued)

How long have symptoms existed prior to consulting you?

When did the symptoms first start?

Given the cause of the condition, how long do you think the condition has been present?

If there are no symptoms, what prompted the patient to see you?

Date of first treatment or consultation with any provider

Date of treatment with you

Type of investigation required to confirm diagnosis

Further treatment plan (if applicable)

Was the patient referred to you by another medical practitioner?

No Yes – If yes, please provide name and contact details of the referring medical practitioner

Is the claim related to or as a result of any previous surgery or treatment?

No Yes – If yes, please detail, including dates

Does the patient have any associated or related medical conditions?

No Yes – If yes, please state and explain the relation and date of diagnosis

Does the patient suffer from any other significant medical condition(s)?

No Yes – If yes, please list the medical condition(s) and the date of diagnosis

Has the patient received any previous treatment for the condition or associated conditions/symptoms?

No Yes – If yes, please detail

Date of treatment

Medical condition/treatment

4. About your treatment (continued)

Provider name

Is the patient taking any medication for this condition?

No Yes – If yes, name of medication and date of starting medication

If the claim relates to pregnancy, is the pregnancy a result of natural conception? No Yes

If the claim relates to pregnancy, is this the patient's first pregnancy?

No – If no, please detail any previous complications of pregnancy Yes

Medical practitioner declaration

I am the patient's medical practitioner and confirm that the information I have provided is correct to the best of my knowledge. I understand that, if any of the information is incorrect, this may affect my patient's claim for private healthcare expenses.

Signature

Print name

Date (DD/MM/YYYY)

Email address

Contact number

Practice stamp

5. Privacy notice and patient's medical authority and consent

Privacy notice

When you are applying for or renewing a policy with us or when we are processing a claim or otherwise dealing with you or an insured person, in order to help us properly administer a proposal, policy or claim, we and our service providers including nib, Cerberus, AXA and others who provide financial services to you will collect personal information (including in some circumstances sensitive information) about insured persons from you and those insured persons directly, from those authorised by you and insured persons such as family members, expatriated companions, doctors, specialists and hospitals, dentists, chiropractors, physiotherapists and other ancillary medical service providers, and from others we consider necessary including our business partners, government agencies, service providers and also publicly available sources.

If you or an insured person do not give us this personal information, we may not be able to provide insurance or process a claim.

The personal information (including sensitive information) we collect about insured persons is used to provide financial services and other services, such as emergency medical assistance, and to manage your and our rights and obligations (and those of insured persons) in relation to providing financial services, including managing, processing and investigating claims and recovery against third parties. We may also use and disclose such personal information for product development, marketing, competitions, research, IT systems maintenance and development, and for any other purposes with your consent, or where required or authorised by Australian law.

5. Privacy notice and patient's medical authority and consent (continued)

The personal information (including sensitive information) of insured persons may be disclosed to third parties involved in the above process, such as our service providers, doctors, specialists and hospitals, dentists, chiropractors, physiotherapists and other ancillary medical service providers, insurers and reinsurers, claims handlers, investigators and cost containment providers, legal and other professional advisers, law enforcement, regulatory and government agencies and courts where we are required or authorised by Australian law, your and our agents (and those of insured persons), and also our related companies.

Some of these third parties may be located in other countries, such as the UK and USA. Certain underwriters at Lloyds and AXA are located in the UK. There may be certain circumstances that require disclosure of your personal and sensitive information to these third parties in these other countries in order for us to be able to provide services and assistance in connection with the cover under the policy to you and for the benefit of insured persons. Please note that no personal information is disclosed by us to any third party overseas entity for marketing purposes.

Where we collect personal information (including sensitive information) about insured persons from you, we rely on you having made each insured person aware of the matters set out in this Privacy Notice, and require you to confirm that you have the consent of each insured person to provide their personal information (including sensitive information) to us.

The Privacy Policy of Cerberus is available at www.cerberusspecialrisks.com.au and the Privacy Policy of nib at www.nib.com.au/legal/privacy-policy. These Privacy Policies each include further information about how Cerberus and nib (respectively) collect, use, disclose and handle personal information, and how you and insured persons may seek access to their personal information and have it corrected, and make a complaint or raise any other concerns about their compliance with the Privacy Act 1988 (Cth) including the Australian Privacy Principles (APPs) and any registered APP codes that bind them.

Medical authority and declaration

I understand that by investigating my claim or by accepting proofs of my claim, nib has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the policy.

I agree to nib using and disclosing my personal information pursuant to nib'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 nib's privacy officer.

I authorise any person or entity, including but not limited to the parties referred to above, to provide nib such personal information (including health information) as nib in its absolute discretion considers to be relevant for its assessment of my claim, provision of services and assistance to me in connection with the cover under my policy, or my entitlement to benefits.

I will use my best endeavours and render all reasonable assistance and co-operation to nib 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, or the provision of services and assistance to me in connection with my policy.

I understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts.

I appoint nib and its service providers including Cerberus and AXA 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.

I declare that I am the patient.

Yes No

Is the patient under 16 years of age?

Yes No

a) If yes, I declare that I am the patient's parent.

Yes No

b) If yes, I declare that I am the patient's guardian.

Yes No

I wish to see any report from the medical practitioner before it is sent to you.

Yes No

Signature of patient (or parent/guardian if the patient is under 16)

Date

6. About us

This insurance is underwritten by certain underwriters at Lloyds (Insurer) and is issued by Cerberus Special Risks Pty Limited ABN 81 115 932 173 AFSL 308461 (Cerberus) as an underwriting agent for the Insurer.

nib Global Pty Ltd ABN 77 102 599 619 AR 1244248 (nib) is an authorised representative of Cerberus.

Need Help?

Call us on **1800 941 012** or **+ 61 2 4047 0965** (outside Australia)

24 hours, 7 days a week

Email: nibexpatclaims@nib.com.au

Online Claims Portal: www.nib.com.au/expathealth/claims