

## SAMPLE CLAIM FORM

METLIFE MULTI  PROTECT

LIVE THE LIFE YOU LOVE

We have worked hard to make our claim process as efficient as possible, but there are some things that you can do as an adviser, to ensure your clients' claims experience is quick and easy.

1. Please encourage your customer to contact the MetLife Claims Team to request a claim form by calling **0800 917 1333** or email **claims@metlife.uk.com**. This helps us to understand the type of claim and if it is likely to be paid out, so we can provide your clients with an efficient and quality service.
2. Get rid of any old claim forms you may have saved on your computer - this is why it's best the customer contacts us for claim form as we will ensure the correct form is sent to to them.
3. It is important the customer completes the form - if they need help our Claims Team are available on the contact details above to help with any queries they may have.

### Our claims process



**In 2016 we paid over 6,600 claims and £5.75 million to our customers.**

*"Very impressed with the service and claims handling which ensured a speedy payout and a very satisfied policyholder." James Wiggett, Adviser*

# Claim Form

Invicta House,  
Trafalgar Place,  
Brighton BN1 4FR

0800 917 1333  
www.metlife.co.uk/multiprotect

## Guidance Notes

**Please read these notes and refer to the Claims Guide before completing the form and keep them for future reference. Please note all forms and documents should be returned to the above address. Photocopies or faxes of this document will not be accepted.**

Please note that the issue of this claim form by MetLife Europe d.a.c. ('MetLife') does not constitute an admission of any liability by MetLife in respect of the claim under your policy. You are under a duty to provide true, accurate and complete information in this claim form and when providing information to MetLife in order for us to assess the claim. If you provide misleading information it may result in your claim being rejected. If the requirements under our claims procedures are not complied with, we may not pay the claim. Please refer to the Policy terms and conditions for claims that are excluded from cover.

### Section 1 – Details of Claim

To be completed for all claims. This section is to be completed fully by the person who is the subject of the claim, i.e. the policyholder or the claimant. Please ensure you provide full details of the benefit you are claiming for and the circumstances of the accident.

### Section 2 – Access to Medical Reports, Data Protection Notice, Declaration and Consent

The person who is the subject of the claim (the policyholder or the claimant) should sign and date the declaration and consent.

### Section 3 – Bank Account Details

Please complete your account details for payment of any claim benefit.

### Section 4 – Medical Statement

Please complete the box at the top of page 10 with your name and what you are claiming for. Please ask a Medical Practitioner to complete Section 4. The doctor may charge a fee for the completion of this section, the payment of which will be met by MetLife, along with any costs for certificates, information and evidence required by us to verify a claim. We may also ask you to go for a medical examination for the purposes of assessing the claim, the cost of which will also be paid by MetLife.

### Section 5 – Declaration

This declaration should be completed by the Medical Practitioner after completing Section 4 'the medical statement'.

### Section 6 – Payment of Fees for Providing Medical Information

This form should be completed by the Medical Practitioner to confirm details for payment of their medical fees for completing 'the medical statement'. This will enable us to promptly pay the fees and can speed up the overall claim assessment.

### Contact Details

If you have any queries about the completion of this claim form, or are having difficulties completing it, please contact the Claims Department on the details below for assistance:

Tel: 0800 917 1333

Fax: 01273 872397

E-mail: [claims@metlife.uk.com](mailto:claims@metlife.uk.com)

Address: MetLife, Individual Claims, Invicta House,  
Trafalgar Place, Brighton, BN1 4FR.

### Key words used in this form

- **Policyholder** means the person who has taken out the policy.
- **Claimant** means the person who is making the claim, this may be the Policyholder.
- **You** means the person who is the subject of the claim i.e. the Policyholder or claimant.
- **Medical Practitioner** means the Doctor who treated you or is able to provide medical information about the condition you are claiming for. Your General Practitioner, specialist or other treating Doctor would be seen to be a Medical Practitioner.

### Checklist – Have you:

- ☒ Filled out your section of the claim form
- ☒ Asked a Medical Practitioner to fill out the Medical Statement
- ☒ Signed the declaration and consent
- ☒ Filled out your bank details
- ☐ Provided a copy of the hospital Discharge Summary (if relevant)
- ☐ Provided proof of your main occupation (in the case of sports-related injuries – please see notes on page 5)

# 1 Details of Claim

Please complete in block capitals

## Policyholder

Title

☒ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify

First name(s)

Adam

Surname

Sample

Address

1 Sample Street

City

Sample City

Country

UK

Postcode

A A 1 1 A A

Date of birth

1 2 3 4 5 6 7 8

E-mail

adamsample@sample.com

(Please note that by giving us your E-mail address, you agree to us updating you on your claim by E-mail and contacting you about our processes)

Mobile number

012345678900

Home telephone number

012345678900

What is your preferred method of contact?

Are you the subject of the claim?

E-mail ☒

Yes ☒

Telephone ☐

No ☐

Post ☐

SMS Text ☒

## Claimant

Please complete the following contact details if the person making the claim is not the policyholder

First name(s)

Surname

Address

City

Country

Postcode

Date of birth

E-mail

(Please note that by giving us your E-mail address, you agree to us updating you on your claim by E-mail and contacting you about our processes)

Mobile number

Home telephone number

What is your preferred method of contact?

E-mail ☐

Telephone ☐

Post ☐

SMS Text ☐



Details of Claim continued...

Your usual General Practitioner

Title

☒ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify

First name(s)

Bill GP

Surname

Example

Address

The Doctors Surgery, Medical Lane

City

Example

Country

UK

Postcode

B B 1 1 B B

Telephone number

01122 334455

Name(s) of any other treating medical professional (for your injury or illness you are claiming for)

Title

☒ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify

First name(s)

Doctor Colin

Surname

Example

Address

The Hospital, Hospital Road

City

Example

Country

UK

Postcode

B B 2 2 B B

Telephone number

02223334444

Title

☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify

First name(s)

Surname

Address

City

Country

Postcode

Telephone number

**Details of Claim** continued...

**Please state the nature of the injury/medical condition you are claiming for**

I have broken my leg (tibia and fibula) and was hospitalised for 3 days whilst awaiting surgery (pin) and then recovery time.

**Please confirm who has been asked to complete the medical statement**

Dr Colin Example

## Accident Claims

**If you are claiming under the broken bones, third degree burns, accidental permanent injury or total permanent disablement parts of your policy, please complete the following section.**

**If you are just claiming for UK Hospitalisation benefit please move to page 6 and complete that.**

Date of accident 0 8 1 0 2 0 1 6

Time 2.45pm

Where did the accident occur?

Example Park Playing Fields, Sample City.

**Please can you give a factual description of the events leading up to the accident and the accident itself**

I was playing football for my local side (Nutfield) and was injured in a tackle. Nutfield play in the Surrey Combination league and are amateur level.

**What injuries are you claiming for and what are your current symptoms from these injuries?**

Broken bones in my leg. At present I am unable to weight bear on my own and require use of crutches to get about. The leg is painful after activity which is managed through painkillers.

### Details of Claim continued...

Please provide details of the treatment you received

Dr Colin Example fitted an intra-medulary nail through the tibia to align the two parts of the bone.

If you were provided with a copy of your X-ray or MRI scan please enclose this.

If the accident occurred whilst playing sport, please confirm:

Type of sport

Football

Team name

Nutfield Football Club

## IMPORTANT

Do you get paid to play this sport?

☐ Yes

☒ No

If you get paid to play this sport please can you provide a copy of a payslip from your main occupation so that we can confirm you are not a professional sports person.

If you have any additional information that you feel would assist in assessing your claim please send it to us

## For accidents reported to the police

If the accident was reported to the police, please state the address of the relevant police station, and any crime reference number you may have been given:

Address

City

Country

Postcode

Police Officer first name(s)

Surname

Telephone number

Crime reference No.

## UK Hospitalisation claims

If you are claiming hospitalisation benefit please complete the following questions

Have you been admitted to hospital for 24 hours or more? ☒ Yes ☐ No

If 'Yes' please confirm the dates and times of admittance and discharge

Admittance date 0 8 1 0 2 0 1 6

Time 15.30

Discharge date 1 1 1 0 2 0 1 6

Time 17.00

What was the medical reason for your hospital admission?

To have surgery on my broken leg.

Details of the hospital you were admitted to

Consultant

Dr Colin Example

Hospital Name

The Hospital

Telephone number

02223334444

Hospital Address

Hospital Road

City

Example City

Country

UK

Postcode

B B 2 2 B B

Details of the second hospital you were admitted to (if applicable)

Consultant

Hospital Name

Telephone number

Hospital Address

City

Country

Postcode

Please enclose copies of your discharge forms or hospital letters



## 2 Declaration and Consent

### Access to medical reports

It may be necessary for us to ask any doctor who has attended you to provide us with a medical report, but before we can do this, we need your consent. Before signing the declaration below, you should know that you have certain rights under the Access to Medical Reports Act 1988 and or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. You do not have to give your consent, but if you do not, we may be unable to proceed with processing the claim. You can say whether you wish to see the report before it is sent to us. We will then tell you if we request a report from your doctor. We will also inform your doctor that you wish to see the report before it is sent to us. You will then have 21 days to contact your doctor to arrange to see this report. If you choose not to see the report before it is sent, you can ask your doctor for a copy within 6 months of it being supplied to us. If you consider any part of the report to be misleading, you can ask your doctor to amend it. If your doctor refuses, you may add your own written comments. Your doctor does not have to let you see any part of the report if, in their opinion, you or others would be harmed by it, or if the report contains information about another person, unless that person consents to you seeing the report. You will be informed if any part of the report is affected in this way. If the whole report is affected, your doctor will not send it to us unless you agree.

Please note that if you do wish to see any report before it is sent to us then this may cause the processing of the claim to take longer than would otherwise be the case.

### Data protection notice

Your information, or personal data or sensitive personal data (for example medical notes and records) as defined by the Data Protection Act 1998, whether included in this claim form or otherwise, is private and confidential. We will not disclose your data unless we have to by law or we have your consent. By signing the declaration below, you confirm that you consent to MetLife, its successors and assigns, and such other entities as identified within this notice, holding and processing your personal data or sensitive personal data for the purposes set out below.

We, MetLife, will store and process your data for the purpose of claims assessment and verification, fraud and crime prevention and detection, to carry out research and analysis, and to set up and administer, and provide information about, the policy or policies in connection with any reinsurance and in connection with any subsequent policy application(s). We may share or transfer your data for the above purposes to the policyholder (if applicable), your treating doctors or medical practitioners or independent medical practitioners appointed by us, other insurers, our parent company and other companies within the company group, our successors and assigns, to insurance intermediaries and our service providers, to the contractors or sub-contractors of our service providers, to our reinsurers, to other third party companies relevant to the claim, or to third party companies to process or manage information on our behalf. These companies may operate outside the European Economic Area. Your data will be processed as securely as if we were processing it, under a strict code of privacy and security.

We may process or share your personal data or sensitive personal data with other insurers, our reinsurers, law enforcement agencies and other third parties for the purposes of fraud and crime prevention and detection and to comply with our statutory obligations under the Money Laundering Regulations, the Financial Services and Markets Act 2000, Proceeds of Crime Act 2002 and Terrorism Act 2000. In order to comply with our statutory obligations, we may ask you to provide evidence as to your identity, your name, address and date of birth.

You have the right to make a written request for us to provide you with details of the personal data and sensitive personal data we are holding and processing and to request that any inaccuracies be corrected. We will charge a fee for any written request. We may monitor and or record any telephone calls to us to help improve our services.

### Declaration and consent

**Please note:** You are under a duty to provide true, accurate and complete information in this claim form and when providing information to MetLife in order for us to assess the claim. If you provide misleading information it may result in your claim being rejected.

By signing below, I confirm that I have read and I understand the explanation above of my rights under the Access to Medical Reports Act 1988 and or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991. I consent to MetLife applying to my treating doctors or medical practitioners to obtain medical reports and my medical notes and records.

☐ I do want to see any report before it is sent to MetLife      ☒ I do not want to see any report before it is sent to MetLife.



**Declaration and Consent** continued...

I consent to MetLife requesting information from any doctor or medical practitioner who has treated me in respect of any medical condition affecting my physical or mental health. I authorise my treating doctor and my treating medical practitioner to release copies of my medical notes and records to MetLife and I authorise my doctor or medical practitioner to provide a report on production by MetLife of a copy of this consent. I confirm that a copy or electronic copy of this form and the signed consent shall have the same validity as the original.

I confirm that I have read the Data Protection Notice above and have understood the purposes for which my personal data and sensitive personal data will be stored and processed by MetLife. I consent to MetLife processing or sharing my personal data and sensitive personal data with the policyholder (if applicable), my treating doctors or medical practitioners or independent medical practitioners appointed by MetLife, other insurers, MetLife's parent company and other companies within the company group, MetLife's successors and assigns, to insurance intermediaries and MetLife's service providers, to the contractors or sub-contractors of their service providers, to reinsurers, to other third party companies relevant to the claim, or to third party companies for the purposes identified in the notice.

I declare that the information disclosed by me in this claim form is true, accurate and complete. I understand that if I have provided misleading information it may result in the claim being rejected.

**Name**

Adam Sample

**Signature**

*Adam Sample*

**Date**

1 5 1 0 2 0 1 6

### 3 Bank Account Details – to be completed by the claimant

Following our assessment of the claim, any claim payment by MetLife would be made to you by direct credit transfer straight into your bank or building society account. This is to ensure that payment of policy benefit under the policy reaches you quicker and more easily, without the worry of possible postal delays, mis-directed post, or waiting for cheques to clear. Payment should clear within about three working days of MetLife confirming payment has been made.

I would like you to pay any claims payment into the account I pay for my policy from ☒ Yes ☐ No

Please provide the following details if we are not paying to the account you pay for the policy from

Name of Bank/Building society

Address

City

Country

Postcode

Sort code

Account number

Name of Account Holder

**If you request we make payment to an account that is not the policyholder's we will require proof of identification from the person whose account you have requested we make payment to.**

**Please note** that the issue of this claim form by MetLife does not constitute an admission of any liability by MetLife in respect of the claim under your policy. You are under a duty to provide true, accurate and complete information in this claim form and when providing information to MetLife in order for us to assess the claim. If you provide misleading information it may result in your claim being rejected. If the requirements under our claims procedures are not complied with, we may not pay the claim. Please refer to the policy document for claims that are excluded from cover.

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**To be completed by the claimant:**

Full name

Adam Sample

Claiming for

Broken leg (tibia and fibula) plus 3 days hospitalisation

**4 Medical Statement – to be completed by the medical practitioner**

Full name of the patient

Adam Sample

Date of Birth

1 2 0 8 1 9 7 5

Diagnosis

Fracture of tibia and fibula

Date of first consultation

0 8 1 0 2 0 1 6

Last consultation

1 4 1 0 2 0 1 6

Total number of consultations

3

Date symptoms first appeared

0 8 1 0 2 0 1 6

Date diagnosed

0 8 1 0 2 0 1 6

Who made the diagnosis?

Dr Colin Example after reviewing x-ray

**Treatment/operations in relation to the above**

Adam Sample was fitted with an intra-medullary nail to reset the tibia

Has the patient been admitted to hospital for 24 hours or more in relation to this illness or injury?

☒ Yes ☐ No

If 'Yes' please provide details

Admittance date

0 8 1 0 2 0 1 6

Time

15.30

Discharge date

1 1 1 0 2 0 1 6

Time

16.45

Hospital department

Orthopaedics

Address

The Hospital, Hospital Road

City

Example City

Country

UK

Postcode

B B 2 2 B B

**Please include all copies of hospital discharge forms.**

**Please return this form with copies of your patient's medical records related to this illness or injury.**

Policyholder Name: Adam Sample

Policy Number: MAH123456

BPA number: 123456789

**Medical Statement** continued...

Has the patient been referred to any other doctor or specialist for treatment or advice in relation to the condition they are claiming for?

☐ Yes    ☒ No

If 'Yes' please provide details below:

Name


Address

--

City

--

Country

--

Postcode

--	--	--	--	--	--	--

Mobile number

--

Work telephone number

--

Name


Address

--

City

--

Country

--

Postcode

--	--	--	--	--	--	--

Mobile number

--

Work telephone number

--

Please provide details of any prior medical history for your patient that might relate to the current medical condition

No relevant history as this was a one-off accidental injury.

Please use this space to provide any further information you feel is relevant or would assist us with your patient's claim

Adam Sample will be referred to physiotherapy for outpatient appointments once his fracture heals more.

Please advise the type of break sustained (if more than one bone is broken please confirm details of each break)

Minimally displaced closed fractures of both tibia and fibula.

Is the break (or each break if applicable) a complete break involving the entire width of the bone?

Yes, as above they were displaced.

If the bone is bruised, please advise whether this is intraosseous or periosteal bruising

N/A the bones were fractured

Was an X-ray or MRI scan taken? ☒ Yes ☐ No

If so, where was the X-ray or MRI scan carried out?

In A&E at the Hospital

If an X-ray or MRI scan was not taken how was the diagnosis reached?

N/A

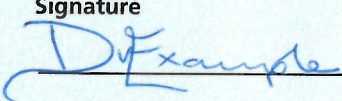
How did the accident occur?

I understand Adam Sample was playing football, he was dressed in a football kit on arrival at hospital!



## 5 Declaration – to be completed by the medical practitioner

I declare that I am the patient's GP\* or treating medical practitioner / specialist\* and the information given in section 4 is true, accurate and complete. (\*delete as appropriate)

<b>Print Name</b>		<b>Signature</b>	
<input type="text" value="Dr Colin Example"/>			
<b>Date</b>			
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text" value="1"/>	<input type="text" value="6"/>
<b>Medical Title</b> (General Practitioner, Consultant, Professor etc)			
<input type="text" value="Consultant Orthopaedic Surgeon"/>			
<b>Address</b>			
<input type="text" value="The Hospital, Hospital Road"/>			
<b>City</b>		<b>Country</b>	<b>Postcode</b>
<input type="text" value="Example City"/>		<input type="text" value="UK"/>	<input type="text" value="B"/>
			<input type="text" value="B"/>
			<input type="text" value="2"/>
			<input type="text" value="2"/>
			<input type="text" value="B"/>
			<input type="text" value="B"/>
			<input type="text"/>
<b>Practice or Hospital Stamp</b>		<b>Telephone No.</b>	
<input type="text" value="N/A"/>		<input type="text" value="02223334444"/>	
		<b>Fax No.</b>	
		<input type="text" value="N/A"/>	
<b>E-mail Address</b>			
<input type="text" value="doctor.example@drexample.com"/>			
<b>By providing your E-mail address, you consent to us communicating with you by E-mail.</b>			

**Please return this form and all requested medical and supporting documentation to:**

MetLife, Individual Claims, Invicta House, Trafalgar Place, Brighton, BN1 4FR

## 6 Payment of fees for providing medical information – to be completed by the medical practitioner

Your patient holds a policy with us under which they wish to make a claim. The claim assessment requires us to request medical information including but not limited to medical notes, copy correspondence, copies of discharge letters, X-rays, MRI scans, test results, as well as responses to specific reports and questions.

Full and accurate responses to all of our requests are required to enable us to complete our claim assessment. We appreciate that it may be appropriate for a reasonable professional fee to be charged associated with the provision of medical information in accordance with those agreed with the BMA. MetLife confirm that it will be responsible for the payment of this fee.

In order for us to arrange to pay you the fee to provide the medical information requested, please either issue an invoice for this fee to MetLife (sending the information requested at the same time) or complete the details below and send us under separate cover the information requested.

If there are any questions around the provision of the information or payment of the medical fee please contact us on 0800 917 1333.

### Payment instructions

Title

☒ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other - please specify

First name(s)

Doctor Colin

Surname

Example

Name of account holder

Doctor Colin Example

Address

The Bank, Example City

Sort code

1 0 1 0 0 1

Account number

1 1 2 2 3 3 4 4

Fee for provision of medical information

£50

Please note we prefer to make payment by direct credit to ensure a quick and secure payment. If payment is to be by cheque please just fill out name of account holder and amount.

If the policyholder has paid this fee, please tick the box below and provide the policyholder with a receipt so we are able to reimburse them.

☐ Fee paid by policyholder

**Please return this form and all requested medical and supporting documentation to:**

MetLife, Individual Claims, Invicta House, Trafalgar Place, Brighton, BN1 4FR

CLEAR FORM

SUBMIT FORM

PRINT FORM

### For further information

0800 917 1333

claims@metlife.co.uk

www.metlife.co.uk

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IP16 00 075 | 2030.02 AUG 2016

Policyholder Name: Adam Sample

Policy Number: MAH123456

BPA number: 123456789

This claim form is for Accident Protection and MultiProtect claims

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To find out more about MetLife MultiProtect, visit  
[metlife.co.uk/multiprotect](http://metlife.co.uk/multiprotect)



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