

## FEES REFUND SCHEME (IRISH)

### CLAIM FORM – KINGS HOSPITAL SCHOOL

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**, you must arrange for **Part 3** to be completed by the Medical Practitioner attending the pupil.

Name of pupil: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of school: \_\_\_\_\_

Name and full address of fee payer: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Post code: \_\_\_\_\_

Details of illness, condition or reason for absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_  
(first day of incapacity) (last day of incapacity)

Was the absence of the pupil for any sickness, condition or injury that the pupil has received treatment or advice for (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: \_\_\_\_\_

**When Part 1 and 3 (if applicable) have been completed, please return the form to the school**

**PART 2** – to be completed by the school

School account number: \_\_\_\_\_

Name of pupil: \_\_\_\_\_ Boarder or day pupil: \_\_\_\_\_

Date of joining the scheme: Winter  Spring  Summer  term Year \_\_\_\_\_

Annual fees for period of absence: € \_\_\_\_\_  
(net amount excluding any extras)

First day of absence: \_\_\_\_\_ Last day of absence: \_\_\_\_\_  
(as per attendance register) (as per attendance register)

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: \_\_\_\_\_ Qualifications: \_\_\_\_\_

Address: \_\_\_\_\_

Stamp:

\_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Duty of Disclosure** – It is your duty to disclose to insurers, before the insurance contract is concluded or at any other time when providing information to your insurer as required by the policy, or when making a claim, all information, facts and circumstances which are, or ought to be, known to you and which are material to the risk.

All information, and every fact and circumstance is "material" if a prudent insurer would have reasonably taken it into account in considering the risk – not just in fixing the premium - or deciding whether to take the risk. It is likely that any changes to facts previously advised will be material and such changes should therefore be notified.

A fact should not be regarded as immaterial merely because it is not the subject of a question on a proposal form. For example, an un-notified claim is likely to be a material fact to be disclosed. If in any doubt as to whether information is material, you should disclose it, as failure to do so may lead to your policy being avoided (i.e. your cover being invalidated) by insurers.

Please take care when completing this claim form to ensure that the information is complete and accurate.

**Data Protection** – Your information (including information we already hold and may receive now and in the future as well as information about lapsed policies) may be held on a group database and may be shared with other MMC group companies. This will allow us to reflect all the connections that you have with the MMC group. Your information will be used for general insurance administration purposes, for offering renewal, for research and statistical purposes and for crime prevention. In the course of performing our obligations to you, your information may be disclosed to agents and service providers appointed by us, including insurers, consultants, market research and quality assurance companies. Your information may be transferred to any country including countries outside the European Economic Area for any of these purposes and for systems administration. Such information may include "sensitive data".

The Data Protection Act 1998 defines sensitive data as information about your racial or ethnic origin, political opinions, religious beliefs or beliefs of a similar nature, trade union membership, physical condition or mental health, sexual life, criminal record, pending court proceedings or sentence or any alleged offence.

You have a right to access (subject to limited exceptions) and if necessary rectify the information that we hold about you.

Insurers pass information to the Claims and Underwriting Exchange Register. This register has been established to help check the information provided and also to reduce fraudulent claims. This register may be searched when dealing with your request for insurance. Under the conditions of your policy, you must declare all incidents whether or not they may result in a claim. This information may be passed to the register.

**IMPORTANT NOTE:**

- In order that claims under this scheme can be dealt with quickly, the insurers have given Marsh's 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
- All claims are subject to the terms and conditions of the scheme.

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