



ace insurance limited

ACE Insurance Limited
ABN 23 001 642 020
28-34 O'Connell Street
Sydney NSW 2000
Australia

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Australia

(02) 9335 3355 main
(02) 9231 3697 fax
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1800 027 240 claims phone

Expatriate/Inpatriate Medical Expenses Claim Form

IMPORTANT INFORMATION

Please ensure that all relevant sections of this claim form are fully completed. We are unable to consider assessment of your claim unless all information has been given. Failure to complete all information may result in a delay in the assessment of your claim.

- The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.
Each individual is to complete a separate claim form relating to their expenses.

Policy and Claimant Details

Insured:
Policy Number:
Employee's Name:
Email:
Employee's Address:
Patient's Name: Relationship with Employee:

What is your nationality?

Are you entitled to Medicare Benefits in Australia?
Do you hold Private Health Insurance?

Electronic Funds Transfer Details

Following ACE approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Australian Bank Account Details:

Name of Financial Institution: Account Name:
BSB Number: Account Number:
Bank Address:

Overseas Bank Account Details:

Name of Financial Institution: Account Name:
BSB Number: Account Number:
Bank Address:
Currency for refund: \$ Swift Code:



## Privacy Consent - Claim Assessment

### Protection of My Privacy Acknowledgement and Consents

By signing this form I agree that ACE Insurance Limited ABN 23 001 642 020 ('ACE') and third parties such as my insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, my employers (past and present), my accountant, any business which provides information about the commercial activities of persons and if I am or have been bankrupt, the trustee of my estate ('the Parties') may exchange with each other any information about me, excluding health or other sensitive information, including:

- Any information provided by me in relation to my claim;
- Any other personal information I provide to any of them or which they otherwise lawfully obtain about me;
- Any information relating to this insurance or any other insurance held by me or on my life, including terms and conditions and claims history;
- Details of my employment, including position, period of employment, remuneration, hours worked and duties performed; and
- Any information relating to my income and solvency.

I agree that any information referred to above can be used by the Parties and any Service Provider (as identified below) for assessing the claim or my entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

I agree that ACE may exchange my personal and/or sensitive information, for the purposes of assessing the claim or my entitlement to benefits with:

- Any investigator appointed by ACE to investigate the claim;
- The Health Record Holders;
- The Health Insurance Commission;
- Other insurers;
- Reinsurers;
- Any private or government organisation which investigates fraud including the police; and
- Any witness identified by me.

If I have identified any person as a witness, I agree to ensure that each person is made aware that:

- I have identified him/her as a witness in relation to the claim;
- ACE holds a record of their personal information for this purpose; and
- He/she may contact ACE or request access to his/her information, by calling 1800 815 675.

If ACE engage anyone (a 'Service Provider') to do something on its behalf (for example technology providers) then I agree to them exchanging any information referred to above, with each other.

I understand ACE might give any information referred to above to entities other than the Parties, the Service Providers, the Health Record Holders and the other persons/organisations referred to above where it is required or allowed by law or where I have otherwise consented.

I understand that I can access\*\* most personal information that members of ACE Insurance Limited hold about me (sometimes there will be a reason why that is not possible, in which case I will be told why).

I understand that if I fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, ACE may be unable to assess the claim.

\*\* To find out what sort of personal information ACE have about you, or to make a request for access, please telephone 1800 815 675.

## Medical Authority, Declaration and Power of Attorney

I DECLARE THAT,

- I will use my best endeavours and render all reasonable assistance and co-operation to Ace Insurance Limited (ACE) in the assessment of my claim;
- the information supplied by me is true and correct and that I have not withheld any information likely to affect the acceptance of the claim;
- I understand that the claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- I understand that by investigating my claim or by accepting proofs of my claim, ACE has made no acceptance of liability, nor waived any of its rights in defence of any claim arising under the policy.

I hereby appoint ACE to do everything necessary or expedient to:

- give effect to the transactions contemplated by the authorisations described; and
- execute and deliver any other documents or do any other acts referred to in the transactions described.

I hereby authorise any person, corporation, institution, private or government organisation, whether named by me or not, to provide such information as ACE in its absolute discretion considers relevant for its assessment of initial or ongoing benefits for my claim including, without limitation:

- all medical, surgical or other information concerning myself, my medical history, any treatment received by me and any medication taken or prescribed for me (at any time);
- my Health Insurance claims history, including Medicare;
- any information in relation to my assets, liabilities, earnings, salary or wages (at any time);
- any information from third persons who may have information relevant to my eligibility to receive a benefit, or my entitlement to receive an ongoing benefit.

Signature of Claimant

Date

Signature of Witness

Date



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### Activation Notice

To be only completed by Australian Expatriates who have returned to Australia on home leave and have incurred medical expenses.

**No benefits are payable where the activation notice has not been received by ACE Insurance Limited ABN 23 001 642 020.**

**Please complete and fax to ACE on (02) 9231 3697**

Policy Number

Insured

Insured Person

Insured Person's Country of Domicile

Insured Person's Address in Country of Domicile

Contact Telephone Number in Australia

Period of Travel to Australia From:  /  /  To:  /  /

Insured Person's Travelling

Name
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Date of Birth
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4.
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Signed

Dated

### Conditions

If the Insured Person suffers a serious Injury and/or Sickness whilst expatriated which requires their return to their Country of Residence We will pay medical expenses up to the maximum sum insured shown on the Schedule for a maximum period of twelve (12) months. Treatment or services which are covered by Medicare or by compensation under any Workers' Compensation Act or Transport Accident laws or by any government sponsored fund, plan, or medical benefit scheme, or any other insurance policy required to be effected by or under a law will not be covered.



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## Medical Expenses in Australia

Health insurance is regulated in Australia and there are guidelines enforced by the National Health Act. Health Insurance in Australia can only be provided by a Registered Health Fund in Australia.

ACE Insurance Limited ABN 23 001 642 020 have an arrangement on behalf of the Insured with Australian Health Management Group ABN 96 003 683 298, (hereinafter called AHMG) a Registered Health Benefits organisation in Australia.

This arrangement provides the following benefits:

1. Insured Person(s) will be activated on an AHMG membership when they return to Australia for treatment;
2. AHMG will provide continuity of cover for Insured Person(s) who permanently return to Australia if application is made to AHMG within thirty (30) days after their permanent return to Australia. Such continuity of cover means:

Periods of cover with ACE Insurance Limited will count towards AHMG waiting periods, including waiting periods for pre-existing ailments.

Under point 1, above, AHMG will pay medical expenses incurred within Australia as detailed in the Schedule of Benefits provided that they are incurred within twelve (12) months from the date such Injury or Sickness occurs and provided that the ACE policy is in force.

## Home Leave

The policy also provides for coverage as detailed in the Schedule of Benefits for coverage whilst on home leave, **PROVIDED THAT** the Insured Person has completed the Activation Notice attached to claim form, and provided that the period of leave does not exceed sixty (60) days.

