

Expatriate/Inpatriate medical expenses claim form

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



Employer/company

Policy number

Important notes on claiming

In order to receive payment, you must

- Complete all sections of the claim form in full (including signing and dating form)
- Provide original itemised receipts written in English or with an English translation provided (Credit card slips not sufficient)
- Itemised receipts must show all services separately, e.g. medical and pharmacy amounts shown separately

Insured person's contact details

Name	Title	Surname	Given names(s)
Postal address	State		Postcode
Email	Facsimile number		()
Telephone	()	Private	()

Statement

Are you entitled to claim under any other insurance or compensation scheme?

No

Yes If 'Yes', give details

Comments

If you incurred expenses in Australia, please answer the following:

(Note under the Health Insurance Act s128A persons making false or misleading statements are liable to a \$2,000 fine)

No

Yes

Are you entitled to claim medicare benefits:

As an Australian citizen?

As a result of being granted and/or applying for permanent residency?

Under reciprocal health agreements?

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

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Payment methods - Please note we are not liable for any bank processing fees on the receiver side

1. Australian bank account

Provide details below

Deposit slip provided

Bank name			
Account holder name			
BSB		Account number	

2. Foreign currency telegraphic transfer (All bank details must be completed below)

Bank name			
Currency required			
Bank address			
Account holder full name			
Account number			
Bank routing code (Enter code)	SWIFT/BIC/IBAN	IS	
	CHIPS Universal ID	CH	
	CHIPS Participant No	CP	
	Fedwire/ABA	FW	
	Sort Code	SC	
Intermediary bank name			
Intermediary bank routing code (Enter code)	SWIFT/BIC/IBAN	IS	
	CHIPS Participant No	CP	
	Fedwire/ABA	FW	
	Sort Code	SC	

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Claims details (Please see page 1 for instructions on claiming)

[illegible]

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Privacy

Our Privacy Policy describes how we collect, disclose, store and use personal information as well as how to access it, correct it or make a complaint. When we say personal information we may also mean sensitive information such as health information, criminal history or professional memberships that's relevant to us issuing, administering or managing products or providing services and the terms on which we will do these things. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at www.qbe.com.au/privacy or to obtain a free copy phone us on 133 723 or ask one of our authorised representatives or service providers.

We may share personal information with other QBE Group companies, our authorised representatives and service providers, each of which may be based outside of Australia.

By giving us personal information, you consent to us collecting, disclosing, storing and using it in accordance with our Privacy Policy. If you give us someone else's personal information you confirm you've obtained their consent to do so. If you don't provide all of the personal information we've requested, we may be unable to, administer and manage products and provide services.

Declaration

The information and answers given are true and complete in every detail. No information has been withheld. I understand the claim may be refused or reduced if information is withheld, or false, misleading, untrue or concealed and any errors or omissions may delay my claim.

I authorise that QBE Insurance (Australia) Limited, its agents and representatives give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

I consent to my health information being collected, used and disclosed for the purpose of managing this claim, and any other directly related secondary purposes.

Medical authority

I hereby authorise any hospital, physician or other person who has attended or examined me to furnish QBE Insurance (Australia) Limited any and all information with respect to any medical condition for which I have claimed expenses.

A photostat copy of this authorisation shall be considered as effective and valid as the original.

Print name

Signature

Date

Return Completed Claim Form to:

QBE Accident & Health Claims

Phone: +61 (0)2 9375 4874

Email: expatclaims.ap@qbe.com

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