



Health Insurance Claim Form

Please print. To get more information on how to make a claim go to bfm.bm/health-claim-guide

1. Insured information

Policy number:	<input type="text"/>	Certificate number:	<input type="text"/>
Employer (if applicable):	<input type="text"/>		
Insured name (first/middle/last):	<input type="text"/>	DOB (dd-mmm-yyyy):	<input type="text"/>
Residential address:	<input type="text"/>		
Phone: H	<input type="text"/>	W	<input type="text"/>
C	<input type="text"/>	Email:	<input type="text"/>

2. Patient information

Relationship to insured:	<input type="checkbox"/> Self	<input type="checkbox"/> Spouse/Domestic partner	<input type="checkbox"/> Child	<input type="checkbox"/> Other:	<input type="text"/>
Patient name (first/middle/last):	<input type="text"/>	Certificate number:	<input type="text"/>		
DOB (dd-mmm-yyyy):	<input type="text"/>	Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female	
Residential address (if not the same as insured):	<input type="text"/>				
Phone: H	<input type="text"/>	W	<input type="text"/>	C	<input type="text"/>
				Email:	<input type="text"/>

If you have any other health insurance coverage, please provide the following details:

Insurance company:	<input type="text"/>		
Policy name:	<input type="text"/>	Policy number:	<input type="text"/>
		Certificate number:	<input type="text"/>

3. Claim information

Treatment/claim is a result of: Workplace injury Motor vehicle accident Pregnancy Other:

i All claims must be submitted within 12 months of treatment/service. When submitting foreign overseas claims, BF&M must receive English translated receipts and invoices. Foreign currency values on the claim form will be converted to BMD\$ equivalent when processed by BF&M.

Date of service (dd-mmm-yyyy)	Provider/Facility name and location	Description of service	Amount claimed (attach original receipts)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total claim:			<input type="text"/>

Authorisation and declaration

Claimant declaration and signature

By signing this form, I confirm/understand that:

- The information provided on this form and attachments is true and complete.
- All expenses for which reimbursement is requested from BF&M have been incurred and have not been reimbursed and are not reimbursable under any other health plan.
- I am required to submit, in addition to this claim form, an itemised receipt from a merchant or an explanation of benefits from the health care professional.
- Any individual (other than the employee or employee's spouse) for whom a claim is filed hereunder, qualifies as an eligible dependent of the employee as defined in the related plan documents.
- A photocopy of this authorisation is as valid as the original.

Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, and that of any minor, including health and medical data, in accordance with BF&M's Privacy Policy (www.bfm.bm/privacy) and the short form notice overleaf.
- I understand that I may withdraw my consent at any time by email to privacy@bfm.bm but that may impact BF&M's ability to provide insurance or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I (in my capacity as insured or dependent of insured) understand and agree with the declaration set out above.

ACCEPT TERMS

Name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

Please return the fully completed form and supporting receipts/invoices to BF&M:

Email: healthclaims@bfm.bm Fax: +1 441 296 0052

For BF&M official use only

Policy type: Individual insurance Group insurance

Date processed: ____/____/____ Admin: _____ Comments: _____

Privacy notice for health and medical data – in brief

At BF&M, we care about your privacy. We recognise that when you choose BF&M as your insurance provider, you are trusting us to protect your personal data.

In providing health and life insurance services to you and your family members, we need to collect and process sensitive personal data, such as medical and health details, belonging to you as the policyholder(s), as well as family members or other individuals who may be relevant to a policy or claim.

We want to be open and transparent with you about how we collect and use your personal data. Please read our Privacy Policy made available to you on our website at www.bfm.bm/privacy. If you have questions about how we handle your personal data, you can contact us at privacy@bfm.bm.

In accordance with our obligations under applicable data protection laws, we require your consent to process sensitive personal data. You may withdraw such consent at any time by contacting us at the above email address, but doing so may prevent us from providing insurance, administering existing policies or paying claims or benefits. The consent you provide will remain valid for the duration of the policy unless it is changed or withdrawn by you. A parent or guardian's consent will apply to any member who is a minor.

- 1. Collection and processing:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may collect and process my sensitive personal data. This includes collecting and processing my medical and physical or mental health data in order to administer the policy, including to quote for insurance cover, underwrite the risks, carry out renewals and to process claims.
- 2. Obtaining my personal data from third parties:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may obtain my personal data, including health and medical data, from insurance market intermediaries such as agents or brokers who help arrange and administer my policy, any plan sponsor such as an employer who may set up a Health or Life policy as part of a group plan, physicians, nursing staff, paramedics and other hospital or laboratory staff, care homes, other medical institutions here in Bermuda and overseas, overseas insurers and claims' processing insurance services.
- 3. Sharing my personal data with third parties:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may share my personal data including health and medical data with the categories of third parties listed below. I understand that BF&M requires these third parties to apply appropriate safeguards to protect my personal data and seeks contractual commitments and assurances.
 - With service providers that perform services on behalf of BF&M, such as entities which perform medical and/or insurance risk assessments, handle and assist in the adjudication of claims made (without which BF&M would not be able to administer my policy or pay any claims), and other healthcare or wellness providers, providing healthcare services to me under my policy.
 - With medical experts and institutions to assess insurance risks, policy coverage and claims made (without which BF&M would not be able to pay me or third-party medical providers for treatment given under an insurance policy).
 - With other insurance market participants, such as co-insurers to distribute the coverage of insurance risk jointly with other companies to which BF&M issues a policy, and reinsurers that may be covering the same insurance risk at the same time.