

Section 7: Payment details

<input type="checkbox"/> Claimant	<input type="checkbox"/> Entitled Beneficiary
Please complete the rest of this section below to tell us how you would like to be paid.	Name: _____ Relationship you: _____

How would you like to be paid?

Using your current Recurring Reimbursement Election (RRE) information
No further information required

1. By bank transfer
Account holder name as appears in section 1 or 2: _____
Bank name and address (including town/city and country): _____

Postcode: _____ BIC/Swift code (must be completed): _____
Payment Currency: _____ Bank account currency: _____
Account number: _____ IBAN: _____
Sort code (for UK accounts): _____ Routing code: _____
ABA number (for transfers to U.S located banks): _____
 Mark here to use these details as your RRE

2. By foreign draft or cheque
Account holder name as appears in section 1 or 2: _____
Payment Currency: _____
Please note that banks may not always accept foreign drafts in all currencies.

Section 8: Medical – to be completed by the medical practitioner/specialist

Name of claimant: _____

Date of accident (dd/mm/yyyy): _____

Are you the claimant's usual medical practitioner? Yes No

Is the claimant's disability due solely to this accident? Yes No

Accident details, including the cause: _____

Is there any indication that alcohol or other intoxicating substance was a contributory factor to the accident? Yes No

Has the accident resulted in the claimant's death? Yes No

If 'Yes', the questions below do not need to be responded to. Please sign the declaration at the bottom of this section.

If the injury sustained involves an eye or limb please state left or right: Left Right

Diagnosis: _____

Treatment: _____

Continued

Section 8: Medical – to be completed by the medical practitioner/specialist (continued)

Was a surgical procedure performed? Yes No
If 'Yes', give details, including date(s): _____

Were any fractures sustained? Yes No
If 'Yes', confirm site of fractures: _____

Is there any evidence of bone disease or osteoporosis? Yes No
If 'Yes', confirm date diagnosed (dd/mm/yyyy): _____

Has the claimant suffered a third degree burn? Yes No
If 'Yes', provide details about the area of burns. Give your assessment of the percentage of body surface which has been affected by third degree burns by reference to the 'Rule of Nines'.

At the time of the accident, was the claimant suffering from any other sickness or disease? Yes No
If 'Yes', give details with medication prescribed and advise whether this will delay recovery of present disability:

Has the claimant previously suffered this type of injury? Yes No
If 'Yes', give details, including date(s):

Is the claimant suffering from any other medical condition or disability which is affecting their recovery? Yes No
If 'Yes', please specify: _____

In your opinion, do you think the claimant will be left with a permanent disability solely as a result of the accident? Yes No
If 'Yes', give full details (including whether it is partial or total disability, treatment and medication).

7. Declaration
I declare that to the best of my knowledge and belief the information I have given in the Medical section of this Claim form is full, true and complete.
Medical practitioner's/specialist's signature: _____
Date (dd/mm/yyyy): _____ Practice stamp:

Please read carefully the disclaimers at the end of the form.
Please retain a copy for your records.

Section 9: Further information

How to complete this form

- If you are personally seeking reimbursement, we will only issue payment to the claimant / Entitled Beneficiary.
- Ensure that you are able to receive payment in the method and currency you have requested.
- We reserve the right to pass on any payment charges incurred by us for cancelling the original payment due to inaccurate information submitted to us.
- We will not be responsible for any payment shortfall due to exchange rate fluctuations and/or recipient bank service charges. Please contact your bank for further details.
- If you do not give us the sort code/routing code, BIC/SWIFT code and/or IBAN number, you may incur additional bank charges and it will result in a delay in us paying your claim. You can find this information on your bank statement.
- Payment by foreign draft or cheque in certain currencies can result in long delays. These delays are beyond our control. We will not pay any bank charges incurred in encashing a foreign draft or cheque. We strongly recommend that, wherever possible, you choose to be reimbursed by bank transfer as this is the quickest and safest method of payment.
- We can make payment in most readily traded currencies and to most countries. In the event that we are unable to make payment in the currency or to the country you have specified, we will contact you to confirm an alternative currency. If you do not specify a payment currency, we will pay your claim in the base currency of your plan.
- Your bank may ask you to complete additional paperwork before they can release our payment to you. This may delay your receipt of the payment and is outside our control.
- Whenever coverage provided by any insurance policy is in violation of any US, UN or EU economic or trade sanctions, such coverage shall be null and void. For example, Aetna cannot pay for health care services provided in a country under sanction by the United States unless permitted under a written Office of Foreign Assets Control (OFAC) license. Learn more on the US Treasury's website at: www.treasury.gov/resource-center/sanctions

What to send us

Send us the claim within 180 days of the accident date. You must send the fully completed Claim form to make sure that we can process your claim.

Where to send your claim

Send us your claim in one of the ways listed below:

- By logging in to your Health Hub at www.aetnainternational.com and submitting your claim online.
- By email to: claims@executive-healthcare.com
- By fax to: **+254-20-291-0600**
- By post to: Executive Healthcare Solutions, 6th Floor, 9 West Ring Road Parklands, PO Box 14680, 00800, Westlands, Nairobi, Kenya
Aetna Global Benefits Limited, PO Box 6380, Dubai, United Arab Emirates

We know you may have questions and we're always here to help. You can call us any time on:

Phone: **+254-20-291-0000**

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Please read carefully the disclaimers at the end of the form.

Please retain a copy for your records.