

**West Midlands Police Federation
Emergency Dental Claim Form
Serving Member**



Please complete this form and return it to: Westmidlandspf@polfed.org

You can use the reverse of page 3 if you want to provide further information.

Cover is for dental treatment which becomes necessary as a result of a dental injury or emergency anywhere in the world. Benefit is only in respect of treatments commencing and completed within 2 years of the date of the accident

Full name..... Date of birth.....

Force/Employee no..... Rank/Job title.....

Home address

..... Postcode.....

Telephone no..... Email

Date and location of accident.....

Approx. time.....

Please provide a full description of the emergency:

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Please give details if you required a dentist call out / emergency treatments / temporary treatments following the accident?

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Name/Address and contact telephone number for dentist(s) providing treatment:

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Please give details of treatment received to date.

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Please give details of further treatment required in the future as a result of the emergency dental.

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Any additional information.

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Did treatment involve or will it later require you to stay in hospital overnight? Yes / No

Date and time of admission:.....Date and time of discharge:.....

Reason for admission:.....

Name and address of hospital attended:.....

Please provide any admission/discharge documents you have been given in support of your claim.

Dental call out costs		
Emergency /Temporary Treatments costs		
Other costs incurred to date		
Amount of dentist quote for future treatment plans		
Any other costs claimed		

Please attach all receipts and quote details to the claim form together with any medical reports.

I certify that I was a subscribing member of the scheme on the date of the incident and to the best of my knowledge the statements made are true and without reservation. Please note that the Federation office may pass information held by the Force to the brokers but only that which is necessary in connection with your claim and membership of the scheme.

Signature of claimant..... Date.....

Please note that in order to assess your claim we may need to contact your dentist or specialist to obtain further reports. By proceeding with this claim you signify your consent to this.

<p>To enable benefit payments direct to your bank account; please complete the following:</p> <p>Bank name and address.....</p> <p>Account name:</p> <p>Branch sort code:/...../.....</p> <p>Account number:</p> <p>Signed: (authorising payments to this account) Date:.....</p>
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This claim form must be submitted by the Federation office.
By submitting this claim via email to Gallagher, we hereby confirm that the claimant was a member of our Group Scheme at the date of the incident and is therefore an eligible claimant.

Gallagher operates under a delegated authority granted by the insurer. This delegated authority pertains to the handling of certain claims on behalf of the insurers

DATA PRIVACY NOTICE

How do we maintain your privacy?
 We are the data controller of any personal data you provide to us. We collect and process personal data in order to offer and provide insurance services and policies and to process claims. Personal data is also used for business purposes such as fraud prevention and detection, financial management, to generate risk modelling, conduct analytics including to advise, improve and develop our products and services and to comply with our legal and regulatory obligations. This may involve sharing information with, and obtaining information from, our group companies and third parties such as (re)insurers, other brokers, loss adjusters, credit reference agencies, service providers, professional advisors, our regulators or fraud prevention agencies.
 We may record telephone calls to help us to monitor and improve the service we provide as well as for regulatory purposes.
 Please see our Privacy Notice for further information on how your personal data is used, shared, disclosed and retained, your rights in relation to your personal data and how to contact our Data Protection Officer. Our Privacy Notice can be found at <https://www.ajg.com/uk/privacy-policy/>. From time to time we may make important updates to our Privacy Notice and these may in turn affect the way we use and handle your data. Please ensure you review our Privacy Notice periodically to ensure you are aware of any changes.
 If you are providing us with personal data of another individual that would be covered under the insurance policy we may be placing or services we may provide to you, you shall ensure that you have obtained all appropriate consents, where required, tell them you are providing their information to us and show them a copy of this notice. You must not share personal data with us that is not necessary for us to offer, provide or administer our services to you.

