

Case Submission Form

SECTION 0: Policy information and personal details Please complete this form in BLOCK CAPITALS

Date: _____ Insurance company: _____ Policy number: _____

Name of policy holder (Last, First): _____

Details of the person claiming under the Policy ("Subject") Full Name: _____
Passport Number: _____
Date of birth: _____
Email address: _____
Home telephone number (including area and country code): _____
Mobile phone number (including area and country code): _____

Details of the person submitting the claim ("Representative") if different than Subject
Full name of the Representative: _____
Relationship of Representative with Subject (Please attach an official document proving the relationship i.e., Birth Certificate): _____
Email address: _____
Home telephone number (including area and country code): _____
Mobile phone number (including area and country code): _____

Reason that Representative is being appointed: _____

I _____ authorize _____ with personal ID no. _____ to act on my behalf in relation to this claim.

Subject Signature:

Date:

Representative Signature:

Date:

Please select preferred contact person
 Subject Representative



SECTION 1: Medical information and incident detail

Date of incident that caused the injury: _____

Date of injury confirmed by a medical doctor: _____

Type of injury: bone fracture joint dislocation tendon rupture ligament tear

Type of activity/accident that caused the injury (please describe the situation and how the accident occurred):

Please detail the documents you are submitting in support of your claim:

Medical Discharge Letter (mandatory)

Additional documents (please list)

SECTION 2: Bank details

Please confirm the Bank account details of the Policy Holder. Under the terms of the Policy if the claim is eligible and accepted we can only make payment directly to the Policy Holder.

Bank name: _____

Bank account holder: _____

IBAN: _____

SWIFT code: _____

You must ensure that these details are correct as we will not be liable for any payments made to the wrong account or incorrect transfers. Incorrect information may delay payment of any eligible claim and/or result in you not receiving any eligible claim amount if not recoverable.

You agree that should an incorrect amount be transferred in error you will transfer it immediately back to us and we will reimburse you for the reasonable bank cost (if any) of doing so.

Complaints: Any complaints that you may have about the services, can be sent to Trusteddoctor at complaints@trusteddoctor.com



PRIVACY POLICY

1. Who is responsible for Your personal data?

The Data Controller is Your Insurance Company: Axis Specialty Europe SE of Mount Herbert Court, 34 Upper Mount Street, Dublin 2, Ireland, DO2 FT72

In order to process your personal information as described below, Further will act as a data processor on behalf of the Insurance company.

For the provision of services, Further may disclose and share your personal information to other Data processors, such as Teladoc, who will act on behalf of, and only on the instructions provided by Further, as we explain in this Privacy Policy.

2. Data Processing Purposes and Legal Basis

To provide Our services to you We will process your personal data, including Your sensitive data for the purposes mentioned below. The lawful basis for the processing of Your personal data is:

a) Your insurance policy: the processing of your personal data, including your sensitive personal information is necessary to execute your insurance policy (contract) with your insurer.

b) Legal obligation: processing of Your personal data is necessary to fulfill a legal obligation applicable to your insurer.

Based on above your personal data will be processed in order to:

- Evaluate your eligibility for the Services in connection with your claim under your insurance policy. This includes checking your medical information to confirm there are no pre-existing medical conditions or other medical conditions of any kind that could invalidate your claim under the policy.
- Provide the requested Services;
- Manage information and administrative actions;
- Check the quality of the services rendered;
- Handle complaints;
- Analyze statistical data;

3. Personal Data collection

We collect personal data directly from you in and in some cases from other people that you have authorized to give us personal information about you or are authorized to do so in another way.

We collect the following information in writing, verbally and through documents provided to us.

- Your contact and other personal details which include Your name, surname, gender, email, address, telephone and date of birth, policy number;



- Copies of any legally valid identification documents so We can assure Ourselves that we are providing the services to the right person. These documents normally include name, surname, photograph, signature, unique identifier, place of birth and date of birth;
- The same personal data mentioned above of any authorized representatives or guardians that act on Your behalf;
- Information about Your health as disclosed to us by You (that can be disclosed verbally, by email and via this form) or collected by us from Your treating health providers as authorized by you, or given to us by a person who is representing You;
- The name and contact details of Your treating health providers if any; and
- The name and contact details of the organization with which You have membership which enables you to access our Services, such as Your insurer.
- Further may collect your personal data verbally through telephone conversations we have with You. We record our calls and listen back to them for the purpose of improving the quality of Our Services, audit and compliance purposes and as a verbal authorization. You will be notified at the beginning of the telephone conversation that it may be recorded.

4. Data Processing Description

We obtain from the insurance and/or reinsurance company Your personal data that is necessary to verify your eligibility to claim under the policy You have taken out with them. Such personal data would include Your name, surname, policy number, gender and date of birth. In the situation that You make a claim for cover under your insurance policy, We process that personal data to check whether You are eligible for the services.

If your eligibility is confirmed We would then process Your personal data, including Your health information in order to assess whether your health condition and claim would be covered by your insurance policy. This includes checking Your historical medical information to confirm there are no pre-existing medical conditions or other medical conditions of any kind that could invalidate Your claim under the policy.

If the Second Medical Opinion and or Medical Guidance services are part of such assessment, the outcome or final reports of those services will be shared with your insurers and their reinsurers, so they can decide whether your condition and required (medical) procedures are covered under the policy.

If Your condition is eligible, We will consult with You and arrange for You the services needed to receive treatment outside Your country of residence.

The processing of Your personal data mentioned above is mandatory in order for us to provide the Services to You.

5. Processing children's personal data

In case the insured is a minor, the parent or guardian of the minor, must authorize the processing of these data, including, if applicable, any data concerning health, in furtherance of the purposes described above. Additionally, the parent or the guardian shall send the paper trail or any documentary supporting this fact. In this sense, both parents or guardians should provide a copy of his/ her passport and the child's birth certificate. If separated or divorced, it will be presumed that



each parent acts in the ordinary exercise of parental authority with the consent of the other.

6. Disclosure of your data

In case you use Our Services, Further will share your personal information with your insurer and its reinsurer through which you have access to Our Services. We do this in order for them to decide whether your medical condition and required (medical) procedures are covered (i.e. eligible for reimbursement or payment) under the insurance policy you have with them.

We may also share Your personal data with third parties like specialized collaborators (for second medical opinions, medical experts, etc), hospitals selected by You, accommodation and transportation providers, translators or other people or organizations we require to help provide the services. We also need other technical and administrative providers to access your data in order to provide services (i.e. hosting, claims management, etc). In any case, these collaborators will be required to enter into a confidentiality agreement with Further and will process your personal data only under our instructions.

If necessary for our services, We may share your information with our current or future parent companies, any subsidiaries, joint ventures, or other companies under a common control ("Affiliates"), in which case we will require our Affiliates to honor this Privacy Policy. If our business is sold, we may share your information with the purchaser and You will be informed accordingly.

7. Data retention

Your health records will be stored until they are not needed anymore for the service. At that time, we will retain and limit entry to this personal data during at least 5, 10 or 15 additional years. We do that because health and insurance regulations impose those time limits on us, but also to be able to recur to this information in case there was a complaint of some sort in the years after the service has been provided.

8. Data quality and security

We are committed to protecting Your personal information, and We assure full compliance with the duties of ongoing confidentiality, integrity, availability and resilience of processing systems and services. We will implement appropriate technical and organizational measures according to the applicable legislation, such as the following non- exhaustive list: encryption of the data, in its case, training staff, access control, confidentiality agreements, data breach protocol, and data security audits, etc.

9. Data Subject rights

You may exercise Your rights of access, rectification, erasure, restriction of processing, and You may withdraw your consent to the processing of Your personal data by Us, or request the portability of your personal data. You can do so by writing to Further Underwriting International, S.L.U. at: Paseo de Recoletos 12, 4a planta, 28001 Madrid, Spain or using the e-mail address:



complaints@wegofurther.com or contact our Data Protection Officer at dpo@wegofurther.com.

You may lodge a complaint with a Data Protection Supervisory Authority at any time in case you consider that Our processing of your personal data infringes any data protection regulations.

10. Medical record collection

For some of Our services we will be collecting, with your explicit consent, your medical records directly from your treating health providers. As indicated, we also send your personal data via email and or other encrypted electronic/ digital means.

11. International Data Transfers

In order to provide Further Services, we will need to transfer Your personal data out of Your country of residence and out of the European Union:

- a) If your personal data is shared with a (medical) provider that helps us with the service. Any such transfer will be done in accordance with the mechanism foreseen by the law (BCRs, standard contractual clauses or similar) which guarantee appropriate safeguards.
- b) With respect to the Services rendered by Teladoc, your personal information will be collected by Teladoc Health International, S.A., in its capacity as Further's Data Processor. Teladoc is located in Spain with address at Via Augusta 252-260, 08017, Barcelona and telephone 00 34 932540010. Teladoc shall transfer personal data to other sub processors in order to render the services to you, in accordance with the mechanism foreseen by the law (BCRs, or standard contractual clauses or similar) which guarantee appropriate safeguards.
- c) On those cases we do not have an agreement with a (medical) provider or hospital, requested by You, and appropriate safeguards cannot be provided nor adequacy decision has been adopted by the corresponding authority, you understand these transfers of Your personal data are necessary to provide You with the services requested.

BY SIGNING THIS FORM, I DECLARE THAT THE INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF AND IS ACCURATE IN ALL RESPECTS. I UNDERSTAND AND ACCEPT THAT A FALSE DECLARATION MAY INVALIDATE MY CLAIM AND COULD RESULT IN MY POLICY BEING CANCELLED AND/OR PROSECUTION.

PRINT NAME: _____

SIGNATURE: _____

DATE: _____

