Group Life
Consent form

Members full name:

Date of birth:

GP details

Name:

Address:

Postcode:

Telephone number:

Email address:

Declaration and Consent from Next of Kin or Personal Representative

This consent allows Zurich to obtain medical reports after a claim is made, to verify the accuracy of the information provided.
In my capacity as Next of Kin/Personal Representative (delete as appropriate) I consent to Zurich obtaining medical information regarding the deceased, as part of their claim administration process from any of the following: physicians or other persons who have attended or examined the deceased or any institution in which the deceased received treatment.

I authorise all such persons or institutions to disclose any information in their possession to Zurich Assurance Ltd.
I agree that Zurich may share medical and other underwriting evidence with their re-insurers if required, for the purposes of administering the claim.

This form must be printed, signed, scanned and returned to us. If you would like to sign the form online using eSignatures, please contact our claims team by email or phone.

Signature

Date:

Full name:

Relationship to the deceased:

How to contact us

Please send the completed form by email to: zcr.life.claims@uk.zurich.com

Or if you prefer, please send the form via post to: Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

You can call us on: 0800 181 4004

If you have any questions regarding your rights under the Access to Health Records Act or any questions relating to the process of obtaining, assessing or storing medical information, please write to us at Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Zurich Assurance Ltd
Registered in England and Wales under company number 02456671.
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