

PARTNER HOSPITAL CLAIM FORM



REMINDERS:

Please use CAPITAL LETTERS and black ink.
Tick the appropriate box to indicate your choice.
Please do not sign on a blank form.
If not applicable, put "N/A" in all empty fields.

PRU LIFE INSURANCE CORPORATION OF U.K.

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1634 Taguig City, Philippines

Customer helpdesk: (632) 8683 9000, (632) 8884 8484, (632) 8887 LIFE
within Metro Manila, 1 800 10 PRULINK for domestic toll-free

Email: contact.us@prulifeuk.com.ph Website: www.prulifeuk.com.ph

Name of Policyowner

(SURNAME, GIVEN NAME, MIDDLE NAME.)

Name of Insured

(SURNAME, GIVEN NAME, MIDDLE NAME.)

Relationship to Policyowner

<input type="text"/>	<input type="text"/>
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NOMINATED MEDICAL INSTITUTION

St. Luke's Medical Center

St. Luke's Medical Center – BGC

St. Luke's Medical Center – Quezon City

CLAIMS PROCEEDS ALLOCATION

Policy number	Total critical illness benefit	Amount to be disbursed to hospital	Amount to be disbursed to client

Notice:

- This service is offered only to Pru Life UK clients who are insured under the applicable critical illness benefit.
- The information collected above will be used to facilitate the processing of this critical illness claim.
- This service does not guarantee the approval of a critical illness claim and has no effect on the claim processing time. The client must wait for formal notification of the claim assessment results and the letter of authorization (LOA) from Pru Life UK, which confirms approval of the claim and the use of this service to pay for the bill in the nominated medical institution. Any procedure or confinement prior to the issuance of the LOA shall not be covered.
- The use of this service is at no cost to the client. No administrative charges or service fees will be collected from the client.
- The amount to be disbursed to the nominated hospital, as instructed by the client, should be used to pay for the bill in said hospital. Any hospital or medical expense in excess of such amount shall not be covered by Pru Life UK and shall be for the account of the client. In case the actual bill is lower than the nominated amount, the excess proceeds shall be refunded to the client by Pru Life UK.

Your consent to all the following statements is required to use this process your critical illness claim route, kindly check all boxes.

In relation to my critical illness claim under the above policy:

- I hereby instruct Pru Life UK to release the proceeds of my critical illness claim, or the portion thereof as indicated in this form, to the nominated medical institution and consent to the disclosure by Pru Life UK of my policy information (including any related personal information) to said medical institution.
- I hereby authorize the nominated medical institution to receive such proceeds and apply the same as payment for my hospital bills.
- I consent to the disclosure by the nominated medical institution to and processing by Pru Life UK or its authorized representative of my medical records in relation to the procedure/s or services covered by Pru Life UK, including any personal or sensitive personal information, for the purpose of assessing the validity of my claim.
- I acknowledge that Pru Life UK will release only the maximum benefit amount indicated in my Policy Data Page. I further acknowledge that if the maximum benefit amount is not enough to cover the hospital bills, I shall pay any remaining amount directly to the nominated medical institution. I understand that only what remains of my critical illness coverage, if any, after the nominated amount has been deducted will directly be released to me.
- I hereby release, discharge, and hold free and harmless Pru Life UK from any claims, demands, liabilities, and causes of action, arising from or connected with this claim or any payment in relation thereto.

✓ Signature over printed name of Insured

Place and date signed (mm/dd/yyyy)

✓ Signature over printed name of Policyowner (if different from Insured)

Place and date signed (mm/dd/yyyy)

✓ Signature over printed name of Witness

Place and date signed (mm/dd/yyyy)