



# Health Insurance Claim Form

**i** **NEW: Complete your health claim submission entirely online at [bfm.bm/online-health-claim](http://bfm.bm/online-health-claim).**  
**To receive reimbursement directly into your local Bermuda dollar account, register for Electronic Funds Transfer at [bfm.bm/online-EFT](http://bfm.bm/online-EFT).**

## 1. Insured information

Policy number:	Certificate number:		
Employer (if applicable):			
Insured name (first/middle/last):	DOB (dd-mmm-yyyy):		
Residential address:			
Phone: H	W	C	Email:

## 2. Patient information

Relationship to insured: <input type="checkbox"/> Self <input type="checkbox"/> Spouse/Domestic partner <input type="checkbox"/> Child <input type="checkbox"/> Other:			
Patient name (first/middle/last):		Certificate number:	
DOB (dd-mmm-yyyy):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female		
Residential address (if not the same as insured):			
Phone: H	W	C	Email:

**If you have any other health insurance coverage, please provide the following details:**

Insurance company:		
Policy name:	Policy number:	Certificate number:

## 3. Claim information

Treatment/claim is a result of: <input type="checkbox"/> Workplace injury <input type="checkbox"/> Motor vehicle accident <input type="checkbox"/> Pregnancy <input type="checkbox"/> Other:
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**i** **All claims must be submitted within 12 months of treatment/service. When submitting foreign overseas claims, BF&M must receive English translated receipts and invoices. Foreign currency values on the claim form will be converted to BMD\$ equivalent when processed by BF&M.**

Date of service (dd-mmm-yyyy)	Provider/Facility name and location	Description of service	Amount claimed (attach original receipts)
Total claim:			

## Authorisation and declaration

### Claimant declaration and signature

By signing this form, I confirm/understand that:

- The information provided on this form and attachments is true and complete.
- All expenses for which reimbursement is requested from BF&M have been incurred and have not been reimbursed and are not reimbursable under any other health plan.
- I am required to submit, in addition to this claim form, an itemised receipt from a merchant or an explanation of benefits from the health care professional.
- Any individual (other than the employee or employee's spouse) for whom a claim is filed hereunder, qualifies as an eligible dependent of the employee as defined in the related plan documents.
- A photocopy of this authorisation is as valid as the original.

### Data protection declaration

By signing this form, I confirm/understand that:

- I consent to BF&M processing my personal data, and that of any minor, including health and medical data, in accordance with BF&M's Privacy Policy ([www.bfm.bm/privacy](http://www.bfm.bm/privacy)) and the short form notice overleaf.
- I understand that I may withdraw my consent at any time by email to [privacy@bfm.bm](mailto:privacy@bfm.bm) but that may impact BF&M's ability to provide insurance or related services or pay insurance claims benefits.
- If I have provided personal information relating to any third party, I confirm that I have received their consent for BF&M to process their personal information in line with the privacy notice.

I submit this application and fully understand that by checking the "ACCEPT TERMS" box below, I confirm that I (in my capacity as insured or dependent of insured) understand and agree with the declaration set out above.

**ACCEPT TERMS**

Name: <input type="text"/>	
Sign: <input type="text"/>	Date (dd-mmm-yyyy): <input type="text"/>

### For questions regarding health insurance claims submissions:

Email [healthclaims@bfm.bm](mailto:healthclaims@bfm.bm) or visit the MESA Health Claims Portal at [health.bfm.bm](http://health.bfm.bm) to view your claims history online.

### For BF&M official use only

Policy type:  Individual insurance  Group insurance

Date processed: \_\_\_\_/\_\_\_\_/\_\_\_\_ Admin: \_\_\_\_\_ Comments: \_\_\_\_\_

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## Privacy notice for health and medical data – in brief

At BF&M, we care about your privacy. We recognise that when you choose BF&M as your insurance provider, you are trusting us to protect your personal data.

In providing health and life insurance services to you and your family members, we need to collect and process sensitive personal data, such as medical and health details, belonging to you as the policyholder(s), as well as family members or other individuals who may be relevant to a policy or claim.

We want to be open and transparent with you about how we collect and use your personal data. Please read our Privacy Policy made available to you on our website at [www.bfm.bm/privacy](http://www.bfm.bm/privacy). If you have questions about how we handle your personal data, you can contact us at [privacy@bfm.bm](mailto:privacy@bfm.bm).

In accordance with our obligations under applicable data protection laws, we require your consent to process sensitive personal data. You may withdraw such consent at any time by contacting us at the above email address, but doing so may prevent us from providing insurance, administering existing policies or paying claims or benefits. The consent you provide will remain valid for the duration of the policy unless it is changed or withdrawn by you. A parent or guardian's consent will apply to any member who is a minor.

- 1. Collection and processing:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may collect and process my sensitive personal data. This includes collecting and processing my medical and physical or mental health data in order to administer the policy, including to quote for insurance cover, underwrite the risks, carry out renewals and to process claims.
- 2. Obtaining my personal data from third parties:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may obtain my personal data, including health and medical data, from insurance market intermediaries such as agents or brokers who help arrange and administer my policy, any plan sponsor such as an employer who may set up a Health or Life policy as part of a group plan, physicians, nursing staff, paramedics and other hospital or laboratory staff, care homes, other medical institutions here in Bermuda and overseas, overseas insurers and claims' processing insurance services.
- 3. Sharing my personal data with third parties:** In accordance with its Privacy Policy and for the purpose of administering an insurance policy and providing related services, BF&M may share my personal data including health and medical data with the categories of third parties listed below. I understand that BF&M requires these third parties to apply appropriate safeguards to protect my personal data and seeks contractual commitments and assurances.
  - With service providers that perform services on behalf of BF&M, such as entities which perform medical and/or insurance risk assessments, handle and assist in the adjudication of claims made (without which BF&M would not be able to administer my policy or pay any claims), and other healthcare or wellness providers, providing healthcare services to me under my policy.
  - With medical experts and institutions to assess insurance risks, policy coverage and claims made (without which BF&M would not be able to pay me or third-party medical providers for treatment given under an insurance policy).
  - With other insurance market participants, such as co-insurers to distribute the coverage of insurance risk jointly with other companies to which BF&M issues a policy, and reinsurers that may be covering the same insurance risk at the same time.