

# FEES REFUND FORM

Refunds for each term are dealt with separately and must be submitted to the School not later than 30 days after the end of the term to which they relate.

**PART 1** – to be completed by the **Fee Payer and returned to the School**. If your request for a refund is for **15 consecutive days or more**, please arrange for **PART 2 overleaf** to be completed by the Medical Practitioner attending the pupil.

**Please note:** Medical fees borne by the School or Fee Payer in preparing a request for a refund are excluded.

## PART 1

Name of Pupil: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name of School: \_\_\_\_\_ Postcode of School: \_\_\_\_\_

Name and full address of Fee Payer: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Details of illness/condition or reason for absence: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

(first day of incapacity)

(last day of incapacity)

Was the absence of the Pupil for any sickness, condition or injury that the Fee Payer, parent, legal guardian or Pupil was aware of and has received treatment or advice for (including regular or routine examinations or consultations to monitor the condition) in the 12 months prior to being covered on this scheme at this School? YES  NO

If YES, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Fee Payer: \_\_\_\_\_ Date: \_\_\_\_\_

**PART 2 – to be fully completed by the Medical Practitioner. Upon completion of this section the form should be forwarded to the fee payer for submission to the school.**

Are you the patient's usual doctor?

YES  NO

Please give full details of injury/illness:

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First day of incapacity: \_\_\_\_\_ Last day of incapacity: \_\_\_\_\_

When did the patient first receive medical attention for this condition? \_\_\_\_\_

Has the patient ever suffered with this or any similar condition before the present episode? YES  NO

If YES, has the patient been free of all related symptoms for the last 24 months? YES  NO

If NO, please give details including dates, treatment and consultation(s): \_\_\_\_\_

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**Please use validation stamp or complete in BLOCK CAPITALS:**

Name: \_\_\_\_\_

Qualification: \_\_\_\_\_

Address: \_\_\_\_\_

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Postcode: \_\_\_\_\_

Telephone number: \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Stamp:

**YOUR INFORMATION**

To administer the scheme, we need to collect and use personal data about you, such as your name and contact details, which may include special categories of personal data (e.g. about your health). The purposes for which we use personal data may include arranging insurance cover, claims and for crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at [www.marsh.co.uk/privacy](http://www.marsh.co.uk/privacy) or in hard copy on request by emailing or writing to the Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or [dataprotection@marsh.com](mailto:dataprotection@marsh.com).

In administering the scheme, we may share personal data you provide with third parties such as insurers, reinsurers, loss adjusters, subcontractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

Depending on the circumstances, our use of personal data may involve a transfer of data to countries outside the UK and the European Economic Area that have less robust data protection laws. Any such transfer will be done with appropriate safeguards in place.

In completing the form, you are providing health information which falls within a special category of personal data. Your consent to our (and other insurance market participants') use of special categories of personal data (e.g. health information) is necessary for us to administer the scheme. Although you may withdraw your consent at any time, if you do we may be unable to continue to provide services in relation to the scheme and this may mean that we are unable to process your enquiry or claim or your insurance cover will stop.

Where you are providing us with information about a person other than yourself (including any children over the age of 13), you agree to notify them of our use of their personal data and obtain their consent to our use of any special categories of personal data such as health information. You agree that participation in the scheme is conditional on you providing such notices and obtaining such consents. Any third party whose personal data we use may withdraw any such consent at any time but if consent is withdrawn then we may be unable to continue to provide services in relation to the scheme to them (and possibly you), and this may mean that we are unable to process enquiries or claims or that the relevant insurance cover will stop.

By signing and returning this form, you consent to our processing your sensitive personal data for the above purposes.