

# 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 and complete in BLOCK CAPITALS:**

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

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

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

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

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

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

Stamp:

**YOUR INFORMATION**

To provide our services, we need to collect and use information about individuals such as their name and contact details, as well as special categories of personal data (e.g. about their health information) [and information about criminal convictions and offences]. The purposes for which we use personal data may include arranging insurance cover, handling claims, for

crime prevention. More information about our use of personal data is provided in the Marsh Privacy Notice at <https://www.marsh.com/uk/privacy-notice.html> or in hard copy on request by emailing or writing to Data Protection Officer, Marsh Ltd, Tower Place, London EC3R 5BU or [dataprotection@marsh.com](mailto:dataprotection@marsh.com).

Providing the services may involve the disclosure of personal data to third parties such as insurers, reinsurers, loss adjusters, premium finance providers, sub-contractors, our affiliates and to certain regulatory bodies who may require your information themselves for the purposes described in the Marsh Privacy Notice.

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In some circumstances, we (and other insurance market participants) may need to collect and use special categories of personal data (e.g. health information) [and/or information relating to criminal convictions and offences]. Generally, we are able to do this because it is necessary for the insurance activities that we undertake or for fraud prevention purposes.

Where you are providing us with information about a person other than yourself, you agree to notify them of our use of their personal data and, if requested by us, obtain their consent to our use of any special categories of personal data such as health information and information relating to criminal convictions and offences (e.g. by requiring the individual to sign a consent form).