

Note: This form should be completed by the Medical Examiner in the event that Unilife pays for any medical costs.

Thank you for completing our medical report and/or for conducting medical tests.

In order for us to reimburse you as quickly as possible, please provide all details requested below.

Policy Reference Number

Name of Applicant

Account Details

Details of bank account to which payments are to be made.

Name of Bank

Address of Bank

Name of Account Holder

Account Number

Sort Code

Swift Number

IBAN Number

BIC Number

Currency

☐ USD ☐ GBP ☐ EUR

Total Cost

Please confirm whether the following documents are attached:

☐

Invoice

☐

Test results

☐

Any detailed medical reports

(Please note that if you do not attach an invoice, this may result in a delay to your payment. The invoice should indicate a breakdown of the costs claimed.)

UL Medical Payment Instructions 12.16

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address:

administration@unihealthandlife.com