

Appointment of Appointed Guardian/s

Complete this form if you'd like to appoint someone else to manage claim/s.

Pupils who are 16 years old or over must complete this form themselves.

Parents and legal guardians must complete this form for a pupil under 16 years old.

Appointed Guardians may be the school, relative or family friend:

> If the pupil is over 16 years old or older, Parents/Legal Guardians must be formally appointed here as Appointed Guardians.

Appointed Guardians must be 21 years old or older.

1 Pupil's details

> If you are completing this form for a child under 16, please add their details (not yours) here

Full name

Date of birth

D	D	/	M	M	/	Y	Y	Y	Y
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Membership number

2 Appointed Guardian

Who would you like to appoint as an Appointed Guardian to manage claims on your/your child's behalf in relation to the AXA Health Pupils' healthcare scheme?

> Please tick one option

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The staff member appointed to manage claims by my/my child's school.
(If selected, please go to section 4)

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Other (e.g. Parent/Legal Guardian/friend of the family etc)
(if selected, please go to section 3)

If you're appointing someone other than the school as the Appointed Guardian, please advise the Appointed Guardian of their appointment, and that you will share their contact details with the parties involved with the administration of the AXA Health Pupils Healthcare Scheme. For further information on how the Scheme is administered, you/they can access a Roles and Responsibilities document on the member hub: axahealth.co.uk/pupilshealthscheme.

Appointment of Appointed Guardian/s continued

3 Appointed Guardian details

Appointed Guardian's full name

Relationship to you

e.g is this person your child/your child's parent, other family relative e.g uncle or family friend

Appointed Guardian's phone number (including country code if outside of the United Kingdom)

Appointed Guardian's email address

Appointed Guardian's memorable date

> Please ask the Appointed Guardian for a memorable date that we can use to verify their identity when they call.

D	D	/	M	M	/	Y	Y	Y	Y
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Appointed Guardian's memorable date hint/reminder

> Please provide a hint/reminder that we can use to prompt the Appointed Guardian when they call, if they need help remembering the 'memorable date' provided above - e.g. 'their birthday' or 'wedding day'.

4 Action the school or other Appointed Guardian can take on my/my child's behalf

Please tell us the specific actions that the school or the Appointed Guardian (as applicable) can take on your behalf/on behalf of your child.

I would like the school or other Appointed Guardian (as applicable) to manage my/my child's claim/s. I understand that AXA Health will share medical information with the school/other Appointed Guardian for this purpose.

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Please tick to confirm that you have read and accept the above consent

I understand that the school or other Appointed Guardian (as applicable) will be able to authorise AXA Health to share my/my child's personal information, including my/my child's medical information, with third parties so that I /my child can access services that are part of my/my child's membership.

If AXA Health needs to share your/your child's information for this purpose, we'll ask the Appointed Guardian to authorise this at the time. Details of these third-party services can be found in your handbook and at the following web address: axahealth.co.uk/pupilshealthscheme/

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Please tick to confirm that you have read and accept the information above

Appointment of Appointed Guardian/s continued

5 Correspondence

In all cases, correspondence relating to the AXA Health Pupils' Healthcare Scheme will be addressed to the pupil, 'care of' the school. The insured pupil will be responsible for opening, forwarding and/or acting on it as required.

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Please tick to confirm that you have read and accept the information above

6 Signature

> For completion by a pupil who is 16 years old or over, or by a Parent / Legal Guardian of a pupil who is under 16 years old:

Signature

Date

 / /

AXA Health has appointed its' wholly owned subsidiary The Permanent Health Company (PHC) to assist in the administration of these Group Plans.

Please contact PHC if at any point you would like to make any changes to the people who can manage claim/s for you/your child, and what they can do on your / your child's behalf.

Next steps

Where to send the form

You can return this form to us as follows:

The Permanent Health Company Limited
Building 2, Floor 1
Croxley Business Park
Watford
Hertfordshire
WD18 8YA

or email:

pupilshealth@thephc.co.uk



If you'd like this form in another format, like braille, large print or audio version, go to **axahealth.co.uk/accessibility**, or scan the QR code