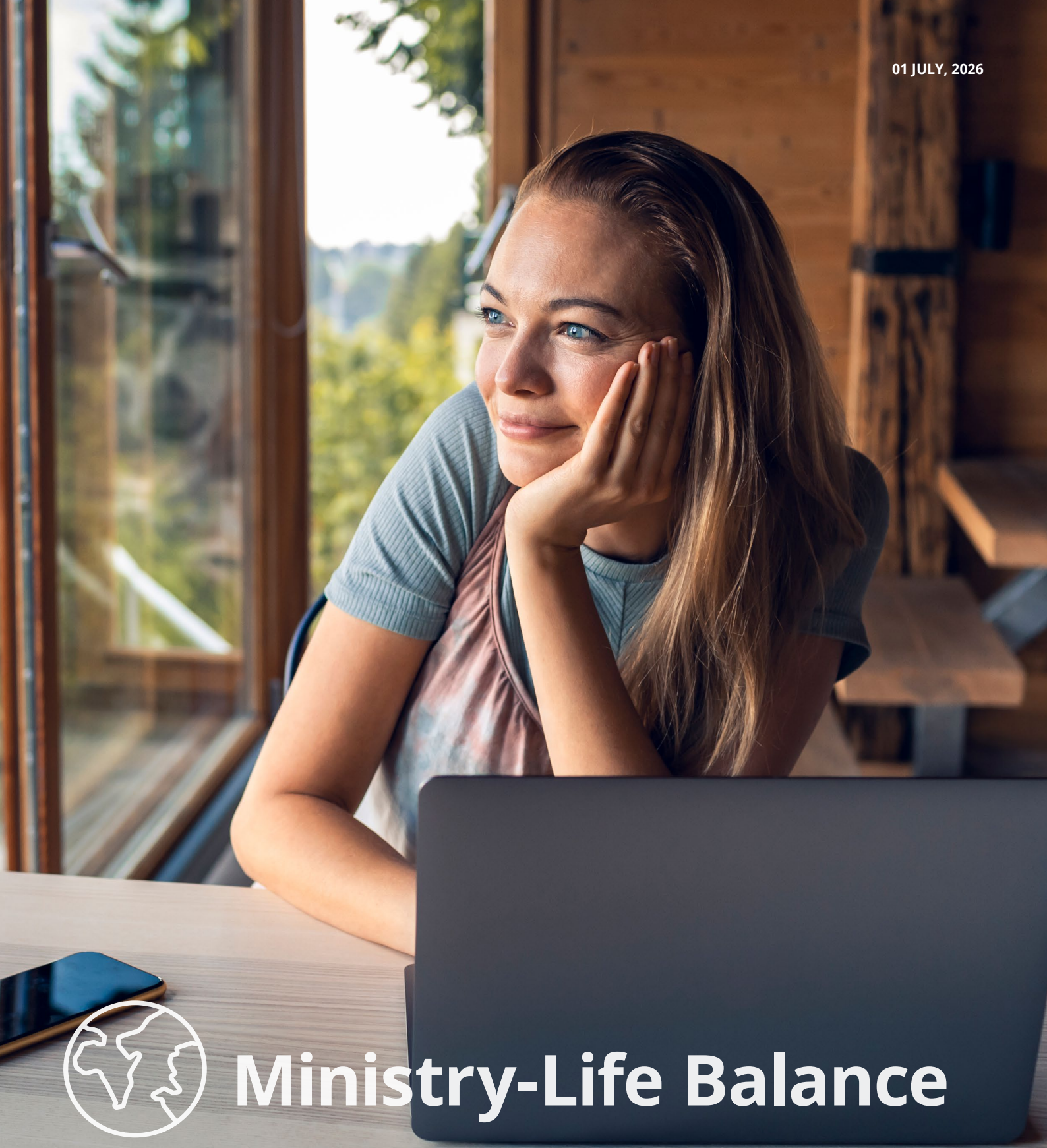




# Ministry-Life Balance

## How to Start a New Claim

Use this guide when you are submitting a claim for a new and unrelated medical condition.

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### Before you start

Please check My Claims first. If the treatment is for a condition already listed in the portal, do **not** start a new claim.

Open the existing claim and add the new invoice there instead. For help with this, please see the [How to Add an Existing Claim Guide](#).

## Step-by-Step Guide

### 1 Enter your policy details

Log into [www.talent-trust.com/claimportal.html](http://www.talent-trust.com/claimportal.html). Enter your Policy Number, select the correct Policyholder / Claimant Name,

### 2 Complete missing personal details

The portal may show your policy details. Complete any missing information, such as your phone number, before continuing.

### 3 Select the claim type

The screenshot shows a four-step progress bar at the top: PERSONAL DETAILS (active), ENTER CLAIM DETAILS, PROVIDE DOCUMENTS, and CLAIM SUBMITTED. Below the progress bar, a dropdown menu is open for 'SELECT YOUR CLAIM TYPE'. The menu lists the following options: Please Select, Accident/Injury, Illness, Maternity, Compassionate travel, Repatriation of mortal remains, Preventative, Dental, and Optical. At the bottom left is the expatriate CLAIMS logo. At the bottom right, there is a small text block: 'Expatriate.Claims is a trading s... al Conduct Authority(FCA). FCA Firm Refe... Regulated Activities In accordance with the permissions granted by the FCA under PART IV of the Financial Services and Markets ACT 2000.'

Choose the claim type that best matches the treatment you are claiming for, then click Proceed.

### 4 Complete the claim details

Answer the questions shown on the Claim Details page. The questions may be different depending on the claim type you selected.

The screenshot shows the 'Illness' claim details form. At the top is a progress bar with four steps: PERSONAL DETAILS, ENTER CLAIM DETAILS (active), PROVIDE DOCUMENTS, and CLAIM SUBMITTED. The form contains the following questions and input fields:

- ILLNESS
- PLEASE DESCRIBE SYMPTOMS SUFFERED: [Text area]
- DATE FIRST NOTICED SYMPTOMS\*: [Text field]
- WHAT TREATMENT I HAVE YOU RECEIVED?: [Text area]
- HAS THE CONDITION BEEN DIAGNOSED?: [Dropdown menu]
- DID YOU REQUIRE AN OVERNIGHT STAY IN A HOSPITAL BED?: [Dropdown menu]
- HAVE YOU EVER SUFFERED SYMPTOMS LIKE THIS BEFORE THE PRESENT EPISODE?: [Dropdown menu]
- DETAILS OF YOUR USUAL FAMILY DOCTOR: [Text area]
- WHEN WAS THE LAST TIME PRIOR TO THIS ILLNESS YOU VISITED YOUR DOCTOR AND WHAT WAS THIS FOR?: [Text area]
- DO YOU SUFFER WITH ANY OTHER CONDITION/ ILLNESS?: [Dropdown menu]

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Complete the Loss Table

Scroll down to the Loss Table and enter the invoice details. Please enter one invoice per loss row. Then tick the Terms and Conditions box and click Proceed.

Access to Medical Reports

Before we can apply for a medical report from a Doctor who had cared for you, we need your consent by signing below. Before doing so, however, you should read this note carefully.

You do not have to give your consent but, if you do you can say whether you wish to see the report before it is sent to us. If you do not give consent, this may affect our ability to assess your claim.

If you say you do not wish to see the report, we do not have to notify you if we apply for one. However, if, before such a report is sent to us, you change your mind, you can write to the Doctor saying you wish to see it, you will then have 21 days to contact the Doctor about arrangements for you to see the report.

If you say you wish to see the report, we will tell you at the same time as we write to the Doctor, and we will tell him you wish to see the report. You will then have 21 days to contact the Doctor about arrangements for you to see the report. Whether or not you say you wish to see the report before it is sent to us, the Doctor must let you see a copy for up to six months after it is supplied, if you ask. If you ask the Doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

Once you have seen a report before it is sent to us, the Doctor cannot submit it until he has your consent. You can write to the Doctor, asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the Doctor are not in agreement and which the Doctor is not prepared to alter.

The Doctor is not obliged to let you see any part of a report if, in his opinion that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the Doctor's intentions towards you, or if disclosure would be likely to reveal information about you, or the identity of another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you.

In such cases, the Doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report, which is accepted, he must not send it to us unless you give your consent.

I do not wish to see any medical report ☐ I do wish to see the medical report ☐

Signed:  Dated: 17/06/2026

(If claimant is under 18, parent or guardian must sign)

Reset Signature ↻

DETAILS OF SERVICES PROVIDED WITH COSTS INCURRED \*

Please list below your losses and add a new row if you've incurred multiple losses. Such as MRI cost, Xray cost and subsequent consultations.

| Date of Service | Name of Provider | Treatment Country | Description of Service | Currency    | Cost |
|-----------------|------------------|-------------------|------------------------|-------------|------|
| 09/06/202       | Gleneagles       | Malaysia ↑        | Consultation           | Malaysian ↑ | 120  |
| 10/06/202       | Gleneagles       | Malaysia ↑        | Injection              | Malaysian ↑ | 220  |

Remove row

Add new row

Terms and Conditions

I declare that the information provided in respect of this claim is, to the best of my knowledge, a fair and accurate reflection of the circumstance of my claim.

I understand that any misrepresentation will result in my cover being cancelled in full, without refund of premium. I understand that legal proceedings will be brought against me in the event of any proven fraudulent application for benefit.

Data Protection, Fraud Prevention and Detection

In order to administer your claim, this Information will be used by Expatriate Healthcare, its appointed representatives and their group companies. It may be held on computer and or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes. If you give us false or inaccurate information and we suspect fraud we will record this and pass this information to fraud prevention agencies.

You are providing your consent to our processing of your sensitive personal data for the above purposes. You also consent to our transferring of your information to countries which do not provide the same level of data protection as the UK, if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm that they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Our Data Protection Statement and Document Retention Policies can be viewed in full here:

Data Protection Statement

Document Retention Policy

☒ I have read and agree to the Terms and Conditions

BACK

PROCEED

**Note:** If you have more than one invoice, add each invoice as a separate loss row.

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Add your bank account

Select the bank country and account currency, then click Proceed. Please make sure your bank account can receive the currency selected.

PERSONAL DETAILS

ENTER CLAIM DETAILS

PROVIDE DOCUMENTS

CLAIM SUBMITTED

### Add Bank Account

**IMPORTANT**  
Please ensure that the bank details you are entering are for a current account as we cannot make payments into a savings account or onto a credit card. Please also ensure that your bank account will accept the currency you are requesting.

⚠️ Entering incorrect bank details will delay settlement of your claim and may incur charges.

BANK ACCOUNT COUNTRY

ACCOUNT CURRENCY

BENEFICIARY ADDRESS COUNTRY

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PROCEED

If you are unsure what bank details to enter then please leave this area blank for now. You can enter bank details at a later date under the 'payments' tab or ask the claim handler for guidance via the 'messages' tab.

UPDATE LATER

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Complete the bank details

Enter the required bank account details and click Proceed. The information requested may vary depending on the bank's country.

**Note:** Incorrect bank details may delay payment or result in bank charges.

### Add Bank Account

**IMPORTANT**  
Please ensure that the bank details you are entering are for a current account as we cannot make payments into a savings account or onto a credit card. Please also ensure that your bank account will accept the currency you are requesting.

⚠️ Entering incorrect bank details will delay settlement of your claim and may incur charges.

Bank Account Details

BANK NAME

Input must be 1 to 200 characters long and can include any text, spaces, or symbols.

BANK ACCOUNT COUNTRY

MALAYSIA (MY)

ACCOUNT NAME

ACCOUNT NUMBER

Input must be numeric, only 5-19 digits.

ACCOUNT CURRENCY

MALAYSIAN RINGGIT (MYR)

Account Holder Details

ACCOUNT HOLDER'S STREET ADDRESS

Input must be between 5 and 200 characters long and cannot consist of numbers only - letters, symbols, and spaces are allowed.

CITY

Input must be 1 to 50 characters long and can include any text, spaces, or symbols.

BENEFICIARY ADDRESS COUNTRY

MALAYSIA (MY)

STATE

MY-01

POSTCODE

Input must be exactly 5 digits.

International Transfer Instructions

SWIFT CODE

Input must be a valid SWIFT/BIC code - consisting of 4 uppercase letters for the bank code, 2 uppercase letters for the country code, 2 digits for the location code, and optionally 3 alphanumeric characters for the branch code (e.g., IN, ID, UG).

BACK

RESET

PROCEED

UPDATE LATER

## 8 Confirm the bank account

After entering your bank details, you will see the Manage Bank Account page. Review the bank account shown and click Proceed to continue.

PERSONAL DETAILS ENTER CLAIM DETAILS PROVIDE DOCUMENTS CLAIM SUBMITTED

### Manage Bank Account

We have following bank account linked, you can still update the account details using the choices provided below.

Bank Account Nick Name

Bank Account Number \*\*\*\*\*

Account Currency

BACK EDIT BANK ACCOUNT ADD NEW BANK ACCOUNT

PROCEED

## 9 Upload your documents

After your bank details are confirmed, the portal will ask you to upload your claim documents.

**Document upload reminder:** Upload clear documents one at a time. Please include the itemized invoice and proof of payment. If you are claiming medication, please also upload the prescription. If your claim requires a referral or medical report, please upload them as well.

**Note:** Clearly naming your files before uploading helps us reimburse your claim more quickly and accurately. (Highly appreciated!)

Suggested file names:

- 5 Mar 2026 - Receipt
- 5 Mar 2026 - Itemized Invoice
- 5 Mar 2026 - Prescription

**That's it, your part is done!**

## When & How to Follow Up

To follow up, you can check on the portal for status updates. If it shows as paid, usually an email has also been sent to you about it. You should hear back from us within 31 days.

## Need Help?

Please contact your dedicated agent directly or email [info@talent-trust.com](mailto:info@talent-trust.com).

The challenges of mission life can limit the impact of a missionary's ministry. Talent Trust provides missionaries with resources to stay physically, mentally, and financially healthy, so they can thrive as long as needed in their calling.