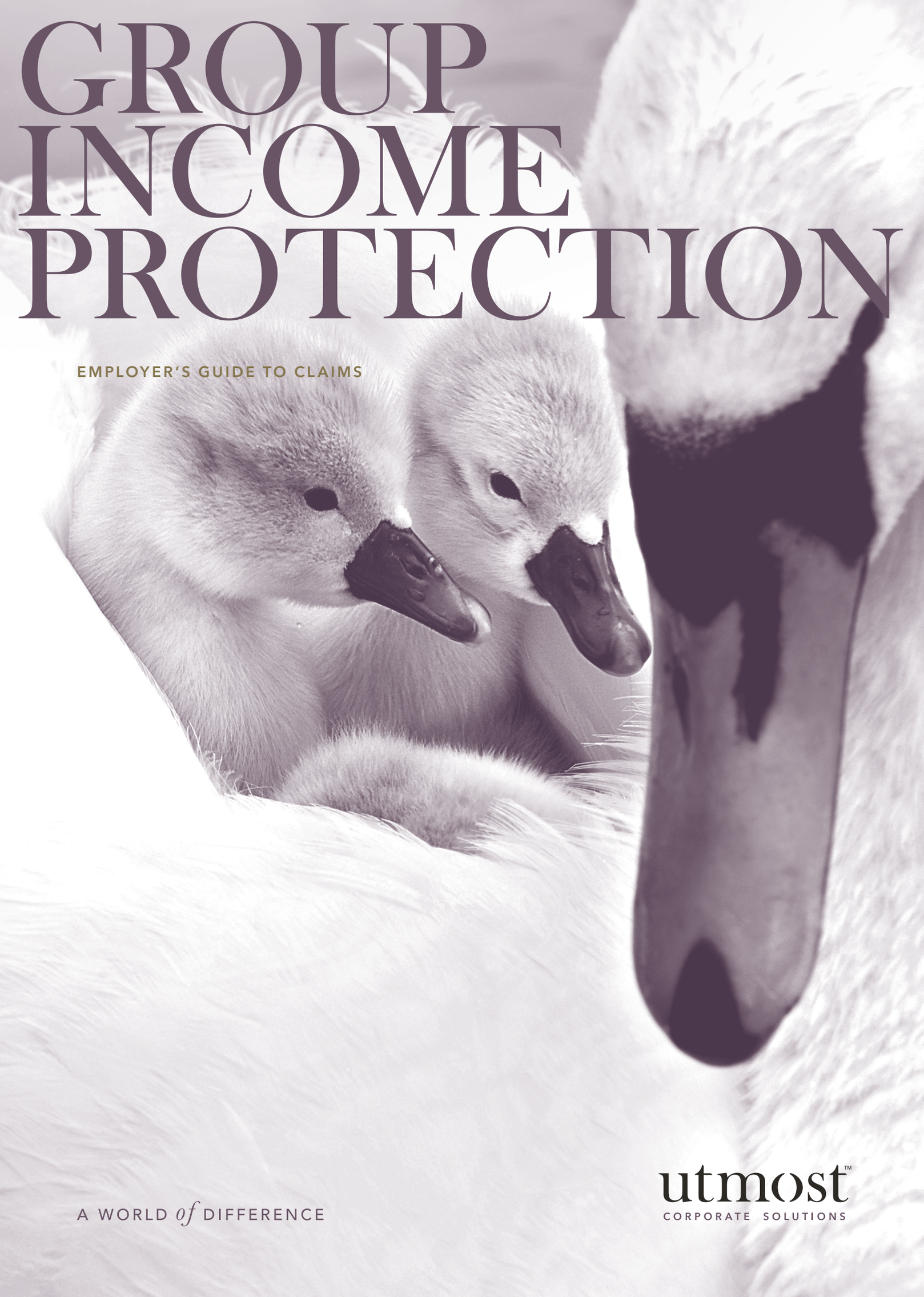
GROUP INCOME PROTECTION

EMPLOYER'S GUIDE TO CLAIMS



A WORLD *of* DIFFERENCE

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CORPORATE SOLUTIONS

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We are here to enhance people's lives by providing the utmost in specialist employee benefit solutions.

Utmost Corporate Solutions is the natural choice for successful organisations looking to take care of their employees and their families. We are a trusted and dependable partner that provides versatile employee benefit solutions with the utmost care and commitment.

MAKING A CLAIM

An Income Protection policy provides employees with an income after a specified period of time where they are unable to work due to an accident, illness or injury. This booklet provides you with a guide to making a claim when an insured member or employee is unable to work due to such circumstances.

Group Income Protection from Utmost Corporate Solutions not only provides your business with valuable financial support in the event of a long term absence, but your business also benefits from established and proven Claims Management procedures and practices that we deploy, all of which significantly reduce the impact that a long-term absence has on your organisation.

When an Income Protection claim arises, Utmost Corporate Solutions has an efficient and streamlined service that results in prompt assessment and payment of claims for you and your employees.

Any financial worries or claim related concerns that your employees may have are alleviated, allowing them to focus on getting better and returning to their normal duties.

MAKING A CLAIM

In the event of a claim, the following simple steps should be taken to allow us to process your claim:

1. Request the relevant Income Protection claim forms for completion from your broker, or from us by emailing claims@utmost.ie
2. Both the employer and employee complete the relevant claims forms. The employer should also provide the employee with the Healthcare Practitioner Form so they can arrange completion by their treating doctor and return them to us with the supporting documentation e.g. hospital reports, test results and Consultant reports.
3. Once all required medical information is received, we make a decision on the claim within 5 working days, informing you the employer of our decision.

CLAIM DETAILS

Where possible, completed claim forms should be emailed to claims@utmost.ie

If you are sending the forms by post, they should be sent to the following address:

Income Protection Claims Management Team
Utmost Corporate Solutions
Navan Business Park
Athlumney, Navan
Co. Meath C15 CCW8
Ireland

OUR APPROACH TO CLAIMS MANAGEMENT

We have helped reduce the overall effects of long-term absence for many of the thousands of employees covered under an Utmost Corporate Solutions policy. Our success is attributed to our effective approach to Claims Management which can be broken down into two stages:

Assessment And Payment

Ongoing Assessment And Support

At each stage, appropriate supports and processes are in place that ensure all claims, or claim related queries are dealt with promptly and proceed without difficulty to the next stage of Claims Management as appropriate.

As part of our claims management process, we have a number of added value services available.

REHABILITATION AND REINTEGRATION PROGRAMMES

Where appropriate, we may propose a Rehabilitation Programme or Reintegration Programme to assist in an employee's return to work. The unique circumstances of the case will be considered and a bespoke programme will be outlined. A Rehabilitation Programme for example might recommend alternative treatment or therapy to assist the member in their recovery. In the case of a Reintegration Programme, in some instances simple changes to the workplace environment could have a hugely positive effect on an employee's return to work and could be implemented at little or no extra cost to the employer. We continue to pay the benefit for a minimum of 30 days following a decision that the employee is deemed fit to return to work.

INDIVIDUALLY TAILORED CLAIMS MANAGEMENT PLANS

Working closely with you as the employer, we promote individually tailored claims management plans that are sympathetic to the unique circumstances of each individual claim. We appoint a dedicated claims assessor who is responsible for the management of each scheme. This enables us to build close and long-term relationships with clients, and as a result, we are very successful in finding solutions that achieve the absolute best outcomes for you. Tailored claims management plans are put in place based on your requirements, your unique circumstances and upon suggestions that our experience has shown to yield the best results.

EARLY INTERVENTION

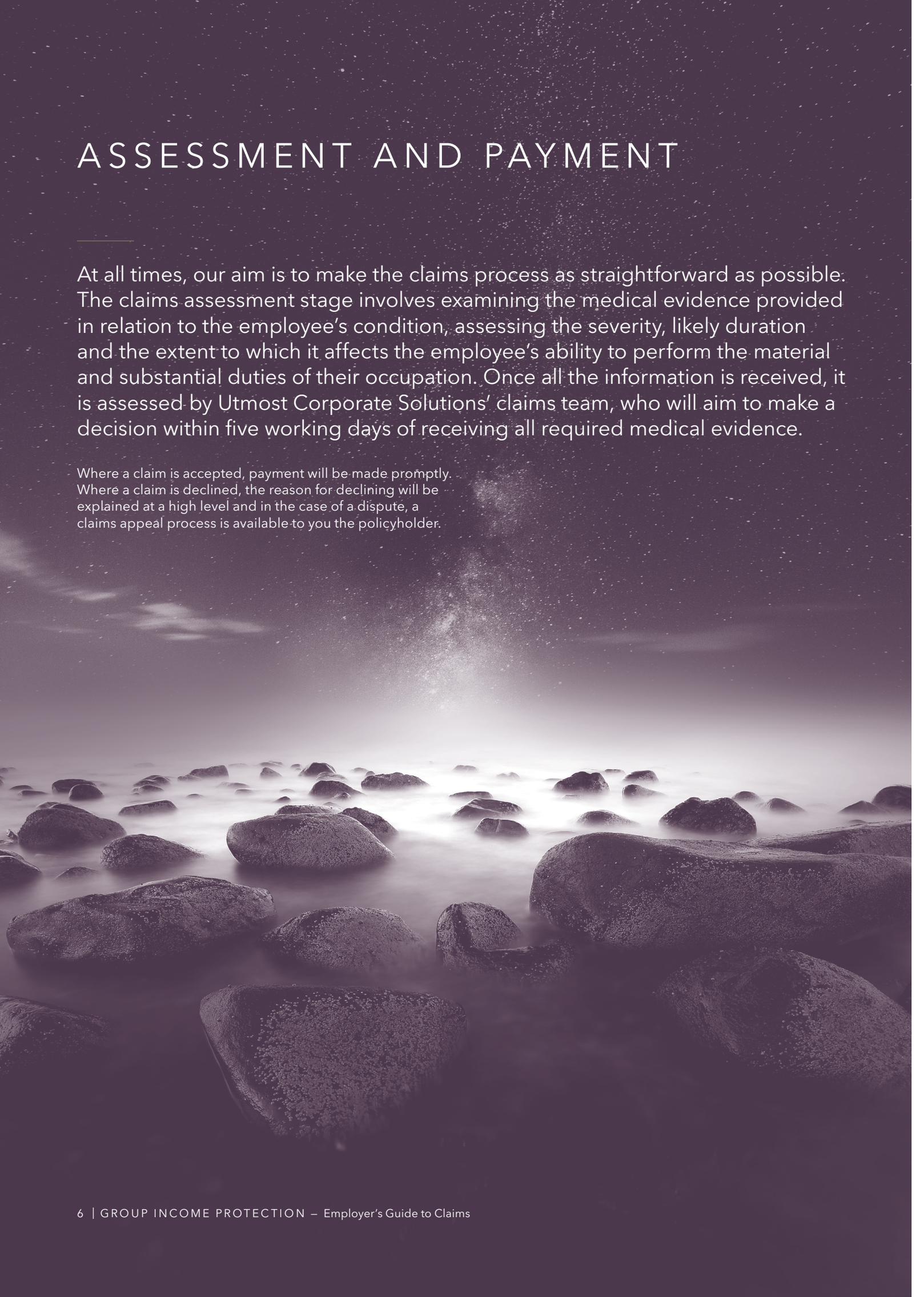
Early notification and engagement with your dedicated claims assessor is an important part of our approach to Income Protection claims management. Providing support and information at the earliest stages of illness or injury can have a very positive impact, reducing the time that an employee is absent from work. Where appropriate to the condition, we aim to provide prompt access to appropriate treatment with a focus on rehabilitation and return to work in as short a duration as possible. Full details of this programme will be provided on request.

The following pages take you through the services provided at each stage of our claims management process giving you a clear understanding of what to expect when a claim arises.

ASSESSMENT AND PAYMENT

At all times, our aim is to make the claims process as straightforward as possible. The claims assessment stage involves examining the medical evidence provided in relation to the employee's condition, assessing the severity, likely duration and the extent to which it affects the employee's ability to perform the material and substantial duties of their occupation. Once all the information is received, it is assessed by Utmost Corporate Solutions' claims team, who will aim to make a decision within five working days of receiving all required medical evidence.

Where a claim is accepted, payment will be made promptly. Where a claim is declined, the reason for declining will be explained at a high level and in the case of a dispute, a claims appeal process is available to you the policyholder.



ASSESSING A CLAIM

In order to assess a Claim, the following documentation and information is required:

- completed employer and employee claim forms
- absence records
- copy of the employee's job description
- evidence of employee's earnings
- evidence of employee's date of birth (photo ID is required e.g. passport or driving licence)
- medical evidence from the employee's GP and/or treating physician
- results of any independent medical assessment carried out.

TYPICAL CLAIM ASSESSMENT PROCESS

- You submit a completed Employer Group Income Protection Claim form to us ten weeks before the end of the Deferred Period.*
- The employer form sets out:
  - Employee's position and duties
  - absence records for the previous 12 months
  - outline of the illness and how this affects the employee's ability to work.
- The employer should forward the Employee Claim Form and GP Form to the employee to arrange completion.
- The employee also completes a form which provides:
  - full details of their disability
  - the treatment being received
  - contact details of their GP and/or medical specialist
  - consent for Utmost Corporate Solutions and its partners to obtain medical information from the practitioners treating the employee.
- Having validated the Employee's eligibility under the policy and assessed the Healthcare Practitioner Form and other medical evidence submitted, we will request any further requirements in order to make a decision on the claim. This may involve the need for the employee to attend an independent medical examination.
- The process of obtaining medical information can be slow as GPs rightfully prioritise patient care over producing reports. Contact by the employee can often help to speed up this process. We will regularly update you, and the broker, if applicable, on progress.
- Once all required medical information is received we will make a decision on the claim within 5 working days.
- We will inform you, the policyholder, of the decision.
- You will inform the employee.

* All claim forms are available from your broker or from us. Completed claim forms and supporting documentation should be returned to us. Claim forms should be submitted after 6 weeks absence if the deferred period under the policy is 13 weeks, or after 12 weeks absence if the deferred period under the policy is 26 weeks. Please visit the Claims Support Area of our website at utmost.ie/employee-benefits/resource-library/claims-toolkit/ to find the relevant Claim forms.

ASSESSMENT AND PAYMENT
CONTINUED

PAYMENT

Benefit payments are paid gross by electronic funds transfer into the employer's nominated bank account. Payment to the employee should be made via the company payroll facility, ensuring deduction of the appropriate tax and social insurance charges.

BENEFIT REDUCTION

We may reduce the benefit under the plan to take account of other income (including but not limited to earned income, similar insurance proceeds, sick pay schemes, social welfare payments, pension income, compensation awards relating to the disability etc.). Further details are available in the Terms and Conditions.

CLAIM CESSATION

Payment of a claim will continue until:

- return to pre-disability occupation
- medical evidence confirms ability to return to pre-disability occupation
- member reaches the benefit ceasing age on the scheme
- death.

PROPORTIONATE BENEFIT

We may pay a proportionate benefit if prior to disability, the member was following the material and substantial duties of their normal occupation and as a result of their disability, they have a reduction in earnings because they are either:

- following their normal occupation on a part time basis, or
- following any other occupation.

Please note up to date medical evidence will be required in order for us to make our decision.

LINKED CLAIMS

Where a claiming member on the policy has returned to work but their original condition returns or worsens within six months after the payment of benefit has stopped, we will not apply a further Deferred Period, providing disablement is directly related to the original incapacity and lasts for a continuous period of at least 30 days.

Payment of benefit will start again immediately, at the same level as when it stopped, other than an increase due to escalation, if applicable, providing that medical evidence supports the relapse, the policy is still in force (with us or another insurer) and we accepted liability for the initial claim.

Full details are available in the Terms and Conditions.

SUBMITTING A CLAIM

Completed forms should be with us ten weeks before the end of the deferred period to ensure there is no delay in payment. We will not pay any claims where the completed employer and employee claim forms have not been received by us within six months of the end of the Deferred Period, or such other time as agreed by us in writing, or where the member has not received, during the Deferred Period, any medical treatment for an injury or illness which is the basis of the claim.

CLAIM APPEAL PROCESS

In the event that a claim is declined we will communicate the decision to you as policyholder confirming our rationale for reaching this decision whilst at all times ensuring that the confidentiality of medical information is protected.

Following a request from you, the rationale for our decision to decline the claim will be sent to the employee's GP or treating consultant as appropriate.

If you wish to dispute the decision made, you can request an appeal.

The right to appeal also applies where payment on an admitted claim is to discontinue when the medical evidence suggests the employee is fit to return to work. Where payment of an admitted claim is to discontinue we will provide a minimum of one month's written notice of our intention to cease payment.

To appeal a declined claim or a decision to discontinue payment, you should:

- Communicate the request for appeal by email or in writing to us within three months of receiving the claim decision
- Outline in detail the reasons that you feel the claim is valid
- Provide new specialist medical evidence obtained at your or the employee's expense.

The new medical evidence will be considered by Utmost Corporate Solutions' Chief Medical Officer and Claim Appeal Group.

If the appeal is successful, benefit will be reinstated or will commence as appropriate.

If after a second review the initial decision to decline the claim is upheld by us and if you are dissatisfied with this, the case can be referred by you to the Financial Services and Pensions Ombudsman for review.

Contact details for the Financial Services Ombudsman are as follows:

Financial Services and Pensions Ombudsman
Lincoln House
Lincoln Place
Dublin 2
D02 VH29

T +353 (0)1 567 7000
E info@fspo.ie
www.fspo.ie

A more detailed document explaining the claims appeal process is available on our website at utmost.ie/employee-benefits/resource-library/claims-toolkit/ or from us on request.

ONGOING ASSESSMENT AND SUPPORT

REVIEW

You can continue to rely on our support and commitment throughout the life of a claim. Admitted claims are regularly reviewed to ensure that rehabilitation and return to work plans are instigated when appropriate. This can significantly reduce the length of time a long-term illness claim is paid, therefore potentially reducing future premiums.

It is our belief that working is healthy. Reintegrating an employee back into the workplace can positively contribute to the final stages of an employee's recovery, giving them a renewed sense of worth and achievement. This can be a return to their pre-illness duties, or those duties deemed suitable based on the employee's unique circumstances.

As part of the claims review process, we will periodically request the employee to supply updated medical information on their condition. This typically coincides with one of the employee's normal GP visits to avoid extra expense.

We may require the Employee to attend an independent medical examination at our expense.

We will cease benefit payment and will inform you if:

- The medical evidence does not support the continuation of claim payments.
- The employee does not actively participate in the recommended treatment process.

We continue to pay the claim for a minimum of one month after notice of termination to facilitate you, the employer, and the employee, and allow you to discuss and agree the next steps forward.

REHABILITATION AND REINTEGRATION

Where it is appropriate we may propose a Rehabilitation Programme or Reintegration Programme to support an employee's recovery and return to work. The ultimate result of effective claims management is to provide options to get the employee back to a suitable position within the organisation.

A Rehabilitation Programme for example might recommend or possibly fund alternative treatment or therapy such as cognitive behavioural therapy, or in some cases suggest alternative medication. This of course would be done in consultation with the employee's GP.

In the case of a Reintegration Programme, a bespoke back to work plan will be individually tailored to the needs of the employee and your business. Depending on the nature of illness or disability, a gradual return to work may be appropriate so that the employee begins with fewer hours and less tasks initially, gradually increasing those hours and tasks over time as they ease their way back to full-time duties.

Continuing to work closely with you at this stage of the claims process will be key to achieving optimal results for you and your business.

WE'RE HERE TO HELP

We hope that you have found this booklet useful and that it has given you a clear understanding of what to expect at each stage of the claims process.

Should you require any further information or clarification please contact our Income Protection Claims Management Team using the contact details below. The claims management team is available to assist you throughout the entire claims process providing further information, advice and assistance as required.

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