



GROUP INCOME PROTECTION

EMPLOYEE CLAIM FORM AND
GUIDE TO THE CLAIMS PROCESS

A WORLD *of* DIFFERENCE

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CORPORATE SOLUTIONS

1. Group Income Protection

Employee Guide to the Claims Process

Group Income Protection is designed to provide you with an income if you are unable to work for a long period of time due to illness or accident.

The Group Income Protection policy is effected between your employer and Utmost PanEurope dac (Utmost PanEurope) and is governed by the policy Terms and Conditions. Your employer will advise you what benefit is insured under the scheme and, should the claim be admitted, when the benefit will become payable and for what duration.

Group Income Protection policies have a Deferred Period during which time no benefit is payable. During this period you will be subject to the terms of your employer's sick leave policy.

If the claim is admitted the benefit will be paid to your employer to pay to you via payroll after deduction of relevant tax and social insurance.

Information needed

To assess a claim, Utmost PanEurope requires evidence from your employer that you are covered by the policy together with your job description and details of your absence over the last 12 months.

We will also require some personal details from you, proof of your age and details of the reasons why you are unable to perform the duties of your job.

The attached claim form and Healthcare Practitioner form should be completed and returned to Utmost PanEurope (see postal address on back cover). On receipt of your these forms, we can assess the information provided and contact your General Practitioner (GP) and/or treating consultant for any additional medical information to support your claim. All medical information is treated as strictly confidential.

You may be contacted by phone (Monday to Saturday only between the hours of 9.00am to 9.00pm, excluding bank holidays or public holidays) unless otherwise agreed with you or visited by appointment at home by an experienced nurse as part of the assessment and rehabilitation process, subject to receiving your informed consent prior to each visit.

What you should do

- Complete and sign the Employee Claim Form.
- Provide a certified copy of your Birth Certificate, Driver's Licence or Passport. Where your married name is different from the above, we will need a copy of your Marriage Certificate.
- Send the above to your employer who will combine it with the information we require from them. Your employer will return it to us for assessment.

Updates and Decision

Utmost PanEurope will send updates on the assessment process to your employer and chase any outstanding medical evidence at regular intervals.

If it is necessary for you to attend an independent medical examination we will agree a mutually convenient time and location. Once sufficient information has been received to reach a decision on the claim, this decision will be communicated to your employer who will inform you.

1. Group Income Protection (continued)

In the event that a claim is declined, Utmost PanEurope will outline the rationale for the decision.

If your employer is unhappy with the decision they can lodge an appeal against this decision within three months of receiving the decision. Please see the factsheet on the Claims Appeal Process for further information.

Back to Work

Where appropriate to your condition and the duties of your occupation, we will work with you, your employer and medical advisers on a 'Back to Work' plan to enable a smooth transition back to work.

A proportionate claim payment may be made while you are on a phased return to work.

If you have a recurrence of the same condition lasting at least one month within six months of the benefit ceasing, we may recommence benefit immediately without waiting for a further Deferred Period.

Claims are subject to periodic reviews and on-going assessment of your ability to perform the duties of your occupation. Your co-operation with these reviews is part of the policy's conditions.

2. Employee Claim Form

Your Employer Details

Employer name: _____

Policy number: _____

Claim number (if known): _____

Your Personal Details

Name: _____ Title: _____

Address: _____

Home phone number: _____ Mobile phone number: _____

Date of birth:

Email address: _____

What is your height? _____

What is your weight? _____

Are you predominantly: Left-handed Right-handed

2. Employee Claim Form (continued)

Outline your Medical Condition and Absence(s)

First date of absence:

D	D	M	M	Y	Y
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Describe in detail your illness/condition: _____

How does your condition prevent you from working? _____

What work related activities does your current condition prevent you from performing? _____

If you suffered from this illness/condition before, please provide full details including dates, treatment and duration.
If you have not suffered from this illness/condition before, please write 'Not Applicable':

Has a diagnosis been made?

Yes No

If yes, please provide details: _____

2. Employee Claim Form (continued)

Is your condition: Deteriorating Improving Stable

Please provide details: _____

Are your symptoms: Constant Intermittent

Please provide details: _____

Have you been hospitalised in connection with this illness/condition? Yes No

If yes, please provide details: _____

Are you seeking legal compensation against a third party, in connection with the declared incapacity? Yes No

If yes, please provide details: _____

Have you worked since the date of incapacity? Yes No

If yes, please provide details:

Duties undertaken	Dates	Hours worked	Salary paid

2. Employee Claim Form (continued)

Medical Information

What treatment are you receiving? _____

If medication has been prescribed, please list the name(s) of the medication and the prescribed dosage: _____

Name and address of your GP: _____

Telephone number: _____

Name and address of any other doctors/specialists/consultants you attended for this condition:

_____	_____
_____	_____
_____	_____
_____	_____

Telephone number: _____ Telephone number: _____

Your Occupation

What is your current job title? _____

How long have you been doing your current job? _____

Describe your duties and any special skills or qualifications required: _____

2. Employee Claim Form (continued)

Is a driving or other type of licence necessary for you to perform your duties?

Yes No

If yes, please provide details: _____

How many staff directly report to you? _____

How many hours are you contracted to work per week? _____

How many hours did you work on average per week? _____

Please provide a list of all duties involved in your job and the percentage of your working day you spent on each:

Duty	% of day spent on duty	Does the incapacity prevent you from carrying out this duty? Yes/No

Please indicate the percentage of your day spent doing the following:

Activity	% of day spent on activity	Does the incapacity prevent you from carrying out this duty? Yes/No
Climbing ladders or similar		
Carrying or lifting heavy items		
Standing		
Crawling or kneeling		
Sitting/driving		
Walking		
Bending		
Reaching with your arms		
Other, please specify		

2. Employee Claim Form (continued)

How often are you in contact with your employer? _____

Has your employer discussed returning to work with you? Yes No

If yes, please provide details: _____

Would you be interested in our Rehabilitation Service which may assist you to return to work? Yes No

If no, please provide details: _____

Financial Information

What was your pre-disability salary? _____

Do you receive a regular performance appraisal? Yes No

When was your last performance appraisal?

Current Income

	Amount	Frequency	Source – Name and address
Amount of Social Insurance/State Benefit (if any)			
Other Pension/ Salary amounts			
Other Sickness and Accident policies			
Other Income from any source			

2. Employee Claim Form (continued)

Please provide full details of any personal sickness and accident policies:

Insurer	Policy Number	Benefit Insured	Benefit Payable

Additional Information

Please provide any additional information that you feel would help us to assess this claim: _____

How we process your Personal Data

Utmost PanEurope dac recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a privacy notice which clarifies these details and explains your rights in relation to your personal data and how to action these rights with us, including your right to make a complaint. The privacy notice is available on our website utmost.ie/privacy-notice/

The General Data Protection Regulation ('GDPR') came into force across Europe on the 25th May 2018. GDPR aims to give European citizens more control over their data and to create a uniformity of rules to enforce across Europe.

We reserve the right to change the privacy notice from time to time at our sole discretion. We encourage you to periodically review the privacy notice to keep informed about how we use your personal data and how we keep it protected.

Collecting and processing your personal data is required to handle your claim. Utmost PanEurope dac must process your personal data in order to fulfill our contractual obligations under the policy. If you do not provide us with your personal data, we may not be able to handle or process your claim.

2. Employee Claim Form (continued)

Access to Medical Records

- We request your authorisation to allow us to approach any doctor for medical information about anything which affects your physical or mental health.
- We may ask you to contact your doctor to speed up the completion of reports that we have requested.
- If we ask you to attend a medical examination, it will be necessary to share the application information with an authorised third party and we will arrange for the examination to take place.
- It may be necessary to share medical information obtained from a medical examination report or from a health screening report with your doctor.
- On occasions, the electronic transmission of medical reports may help speed up the assessment of your application. We only accept electronic transmissions directly to a secure location to ensure confidentiality.
- We have a Confidentiality Policy in place to ensure medical information is held securely and access is limited.
- All answers to questions in this form, and any questions we subsequently ask, must be correct and you must provide us with all relevant information. Any failure to do so may result in a claim being declined or reduced.
- It is important that we are told about anything that might affect our judgement and acceptance of this application. Please disclose such information, even if you have doubts about its relevance.

Signature:

Full name in CAPITAL LETTERS: _____

Date:

D	D	M	M	Y	Y
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Personal Declaration

- I declare that, as a result of illness or injury, I wish to claim benefit under the above Policy.
- I declare that I have been unable to perform the substantial duties of my occupation due to illness or injury since the first date of absence detailed.
- I declare that the information I have given here is true and complete and that no information has been withheld that might affect the acceptance of my claim for benefits from Utmost PanEurope. Any fraudulent statements may lead to prosecution by Utmost PanEurope and any information obtained in respect of my claim may be disclosed to third parties where fraud is suspected.
- I understand that Utmost PanEurope can use my personal information for any of my subsequent claims to Utmost PanEurope.
- I undertake to inform Utmost PanEurope immediately, in writing, if I carry out any work whatsoever and I understand that failure to do so may entitle Utmost PanEurope to cancel benefits under this Policy.

2. Employee Claim Form (continued)

- I undertake to inform Utmost PanEurope of any changes in my circumstances whilst I am a claimant.
- I understand that an authorised representative of Utmost PanEurope and/or any third party appointed by them may visit or telephone me to discuss matters pertaining to the claim and that prior authorisation will be obtained from me prior to any visit.

Authorisation to Obtain Information

I hereby authorise Utmost PanEurope dac and/or a third party appointed by Utmost:

- Being provided with medical information/reports from any doctor, specialist, clinic or hospital who has treated me in relation to my physical or mental health.
- To the Medical personnel of the Occupational Health Department of my employer to correspond, release or obtain Occupational Health reports or any relevant medical information to or from the Chief Medical Officer (CMO) of Utmost PanEurope.
- To sending and receiving information from any other insurance office, revenue or benefit office or employer.
- I agree that a copy of this authorisation shall have the validity of the original and that the authorisation shall be valid for the duration of the claim.

Signature:


Full name in CAPITAL LETTERS: _____

Date:

D	D	M	M	Y	Y
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WE'RE HERE TO HELP

For further information on any aspect of our group risk offering, please contact us:

 +353 (0)46 909 9760

 claims@utmost.ie

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Please note that emails are not secure as they can be intercepted, so think carefully before sharing personal or confidential information in this way.

Telephone calls may be recorded.

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Utmost Corporate Solutions is a brand name used by Utmost PanEurope dac.

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.