

GLOBAL RISK SOLUTION GROUP INCOME PROTECTION EMPLOYER CLAIM FORM

HOW WE PROCESS PERSONAL DATA

Before you give us personal information it is important that you know what data protection rights are, and, how and why we use personal information. This is set out in the relevant Data Privacy Notice which is always available on our website at: <https://utmostinternational.com/privacy-statements/> (www.utmostinternational.com).

USING THE EDITABLE FIELDS?

If completing digitally, please ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

HOW TO COMPLETE THIS FORM

If completing by handwriting, please complete this form in full using blue or black ink and BLOCK CAPITALS. If you make a mistake, cross it out, put in the correct details and sign your initials next to the correction. Please do not use correction fluid.

Please send the scanned report to: claims@utmost.ie for Utmost PanEurope claims or underwritingandclaims@utmostworldwide.com for Utmost Worldwide claims.

OR Posted to

Ireland (for Utmost PanEurope claims)

UCS Claims Team,
Utmost PanEurope,
Navan Business Park,
Athlumney,
Navan,
Co Meath,
C15 CCW8,
Ireland.

or

Guernsey (for Utmost Worldwide claims)

UCS Claims Team,
Utmost Worldwide Limited,
Utmost House,
Le Truchot,
St. Peter Port,
Guernsey,
GY1 1GR.

EMPLOYER GUIDE TO THE CLAIMS PROCESS

Please refer to our [Group Income Protection Claims Process Map](#) to guide you through the claims process.

IMPORTANT TO NOTE

If the employee¹ is returning to work before the Deferred Period expires, there is no need to submit a claim form. If you require further information, please contact your broker in the first instance or Utmost claims team via claims@utmost.ie.

Capitalised words and phrases are defined terms as described in the Policy Terms and Conditions.

¹ Employee refers to the Claimant.

A EMPLOYER DETAILS

1. Policy number

2. Claim number (if known)

3. Employer² name

4. Correspondence address

Postcode	Country
----------	---------

5. Contact name dealing with the claim

6. Contact telephone number

7. Contact email address

B BROKER DETAILS

1. Broker name

2. Contact name

3. Telephone number

4. Email address

5. Copy updates to broker³ Yes No

C EMPLOYEE DETAILS

1. Name

2. Title

3. Address

Postcode	Country
----------	---------

4. Home phone number

5. Mobile number

6. Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

7. Email address

8. Employee job title

9. Date of joining the company

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

² Employee refers to the Claimant.
³ Updates will not include medical information.

10. Length of time in current position

11. Did the employee join the scheme at their first opportunity Yes No
If "No", please explain the reason for the delay

D EMPLOYEE DISABILITY DETAILS

1. Reason for Disability

2. First date of absence

3. Is the employee seeking legal compensation against a third party, in connection with the declared incapacity? Yes No
If "Yes", please provide details

4. Has the employee worked since the date of Disability? Yes No
If "Yes", please provide details

DUTIES UNDERTAKEN	DATES	HOURS WORKED	EARNED INCOME
	d d m m y y y y		
	d d m m y y y y		
	d d m m y y y y		
	d d m m y y y y		
	d d m m y y y y		

5. Is the employee's position still available to them? Yes No

6. Could the position be undertaken part-time if the employee's health prevented them from working full time? Yes No

7. Is there an alternative position that could be made available to the employee? Yes No
If "Yes", please describe the position

8. How do you keep in contact with the employee? Please also state frequency of contact

9. Please provide details of all medical or other information you have received regarding the employee's Disability

10. Describe the employee's duties and any special skills or qualifications required

11. Is a driving or other type of licence necessary for the employee to perform their duties? Yes No
If "Yes", please provide details

12. How many staff directly report to the employee?

13. How many hours is the employee contracted to work per week?

14. What is the start and finish time?

15. Have you discussed returning to work with the employee?
If "Yes", please provide details

Yes No

16. Please list all the duties involved in the employee's insured occupation and the percentage of their working day spent on each:

DUTY	% OF DAY SPENT ON DUTY	DOES THE INCAPACITY PREVENT THEM FROM CARRYING OUT THIS DUTY?
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No

17. How would you describe the employee's relationship with their colleagues, supervisors and peers?

Excellent Good Fair Poor

Please expand further on this answer

18. Has the employee undergone any type of Occupational Health assessment?

Yes No

If "Yes", please give full details

19. Please provide any additional information that you feel would help us to assess this claim

E FINANCIAL INFORMATION

1. What was the employee's pre-disability Earnings?
2. What date will salary payment to the employee cease?

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
3. If pension contributions are covered under the policy, please confirm the following:
 - Type of pension scheme i.e. Defined Benefit, Defined Contribution
 - Employer Contribution %
 - Employee Contribution %
 - Normal Retirement Age under the pension scheme

F EMPLOYER BANK DETAILS

Claim payments will be made to the Policyholder.

- Employer bank name and address

Postcode	Country
----------	---------

 Account Name
 Account number
 Bank sort code - -
 BIC
 IBAN
 Swift Code / ABA Number
 Currency of account
 Other information
 How long has the account been held for? Years

Intermediary Bank Details (if applicable)

Note, as per our Policy, payment of Benefit is made in the Policy Currency.

An Intermediary Bank needs to be used when sending any currency other than the local currency to the destination country. Should Intermediary Bank Details not be provided, Utmost will make payment through an Intermediary Bank of their choice which could result in a delay in receiving the funds

- Intermediary Bank
 Intermediary Bank Swift Code

Claim payments will be made by Electronic Funds Transfer (EFT).

G EMPLOYER DECLARATION

Please read this carefully

On behalf of the Policyholder of this Group Income Protection policy I/we wish to apply for the payment of this claim based on the details in this form and in accordance with the Policy's Terms and Conditions. I understand that any information I provide on the claim that is false or misleading in any material respect and which I either know to be false or misleading or consciously disregard whether it is false or misleading, shall entitle Utmost to refuse to pay a claim and shall entitle Utmost to terminate the coverage under the policy.

By signing this form, I confirm that I have made any other individual whose data may be provided in this form aware that their data will be shared with Utmost PanEurope dac and (or) Utmost Worldwide Limited and that they have read and understood the relevant Privacy Notice.

SIGNATURE

Full name in CAPITAL LETTERS

Position in company

Date

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

INFORMATION NEEDED

To assess a claim, Utmost PanEurope dac and (or) Utmost Worldwide Limited require evidence from you that the employee is covered by the policy together with their job description and details of their absence over the last 12 months.

WHAT YOU SHOULD DO

- Complete and sign the Employers Claim Form. Provide the employee's most recent job description.
- Provide a copy of absence record for the previous 12 months.
- Provide three months' payslips.

From the employee, we need:

- A completed and signed Employee Claim Form.
- A completed and signed General Practitioner's Form.
- A certified copy of their Birth Certificate, Driver's Licence or Passport.

A WORLD *of* DIFFERENCE

www.utmostinternational.com

Utmost Corporate Solutions is a trading name used by Utmost PanEurope dac and Utmost Worldwide Limited.

Utmost PanEurope 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, Ireland C15 CCW8.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended), with a registered office at Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

UCS LD 00097 | 04/25