

GLOBAL RISK SOLUTION

GROUP INCOME PROTECTION EMPLOYEE CLAIM FORM

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 dac claims or underwritingandclaims@utmostworldwide.com for Utmost Worldwide claims.

OR posted to

Ireland (for Utmost PanEurope dac claims)

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

OR

Guernsey (for Utmost Worldwide claims)

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

EMPLOYEE¹ 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 and (or) Utmost Worldwide Limited 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.

Please refer to our video guide to help you to understand this process: [How do I make a claim? - Utmost International](#)

INFORMATION NEEDED

To assess a claim, Utmost PanEurope dac and (or) Utmost Worldwide Limited 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 dac and (or) Utmost Worldwide Limited. 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 or email as part of the ongoing management of your claim.

¹ Employee refers to the Claimant.

WHAT YOU SHOULD DO

- › Complete and sign the Employee Claim Form.
- › Provide a certified copy of your Birth Certificate, Driver’s Licence or Passport to verify your identity. Where your married name is different from the name on the identification documentation, 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 dac and (or) Utmost Worldwide Limited 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.

In the event that a claim is declined, Utmost PanEurope dac and (or) Utmost Worldwide Limited will outline the rationale for the decision.

BACK TO WORK

Where appropriate to your condition and the duties of your Normal 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 Normal Occupation. Your co-operation with these reviews is part of the policy’s conditions.

A EMPLOYEE DETAILS

A1 EMPLOYER DETAILS

1. Employer ² name	<input style="width: 100%;" type="text"/>
2. Policy number	<input style="width: 100%;" type="text"/>
3. Claim number (if known)	<input style="width: 100%;" type="text"/>

A2 PERSONAL DETAILS

1. Name	<input style="width: 100%;" type="text"/>								
2. Title	<input style="width: 100%;" type="text"/>								
3. Address	<input style="width: 100%;" type="text"/>								
	<input style="width: 100%;" type="text"/>								
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">Postcode</td> <td style="width: 40%; padding: 2px;">Country</td> </tr> </table>	Postcode	Country						
Postcode	Country								
4. Home phone number	<input style="width: 100%;" type="text"/>								
5. Mobile phone number	<input style="width: 100%;" type="text"/>								
6. Date of birth	<table border="1" style="width: 100%; border-collapse: collapse; text-align: center;"> <tr> <td style="width: 12.5%; height: 20px;">d</td> <td style="width: 12.5%;">d</td> <td style="width: 12.5%;">m</td> <td style="width: 12.5%;">m</td> <td style="width: 12.5%;">y</td> <td style="width: 12.5%;">y</td> <td style="width: 12.5%;">y</td> <td style="width: 12.5%;">y</td> </tr> </table>	d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y		

² Employer refers to Policyholder.

7. Email address
8. What is your height?
9. What is your weight?
10. Are you predominantly Left-handed Right-handed

A3 MEDICAL CONDITION AND ABSENCE

1. First date of absence

d	d	m	m	y	y	y	y
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2. Describe in detail your illness/condition.

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

4. 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'.

5. Has a diagnosis been made?

Yes No

If "Yes", please provide details.

6. Is your condition

Deteriorating Improving Stable

Please provide details.

7. Are your symptoms

Constant Intermittent

Please provide details.

8. Have you been hospitalised in connection with this illness/condition?

Yes No

If "Yes", please provide details.

9. Are you seeking legal compensation against a third party, in connection with the declared incapacity?

Yes No

If "Yes", please provide details.

B MEDICAL INFORMATION

1. What treatment are you receiving?

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

3. Name of general practitioner

Address of general practitioner

Postcode	Country

General practitioner contact number

General practitioner email address

4. Name and address and contact details of any other doctors/specialists/consultants you attended for this condition.

Name

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Address

Postcode		Country	

Contact number

--	--

Email address

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C OCCUPATION

1. What is your current job title?

2. How long have you been doing your current job?

3. Describe your duties and any special skills or qualifications required.

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

Yes No

If "Yes", please provide details.

5. How many staff directly report to you?

6. How many hours are you contracted to work per week?

7. How many hours did you work on average per week?

8. 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
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No
		Yes No

9. 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	
a. Climbing ladders or similar		Yes	No
b. Carrying or lifting heavy items		Yes	No
c. Standing		Yes	No
d. Crawling or kneeling		Yes	No
e. Sitting/driving		Yes	No
f. Walking		Yes	No
g. Bending		Yes	No
h. Reaching with your arms		Yes	No
i. Other, please specify		Yes	No

10. How often are you in contact with your Employer?

11. Has your Employer discussed returning to work with you?

Yes No

12. If "Yes", please provide details.

13. Would you be interested in our Rehabilitation Service which may assist you to return to work?

Yes No

If "No", please provide details.

14. Have you worked since the date of incapacity?

Yes No

If "Yes", please provide details:

DUTIES UNDERTAKEN	DATES								HOURS WORKED	SALARY PAID
	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		

D FINANCIAL INFORMATION

1. What was your pre-disability salary?

2. Do you receive a regular performance appraisal? Yes No

3. When was your last performance appraisal? d d m m y y y y

4. Current income

DUTY	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			

5. Please provide full details of any personal sickness and accident policies.

INSURER	POLICY NUMBER	BENEFIT INSURED	BENEFIT PAYABLE

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

E DATA PRIVACY

Utmost PanEurope dac and (or) Utmost Worldwide Limited 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: utmostinternational.com/privacy-statements/

Or you could request a hard copy from our client services team: clientservices@utmostcorporate.com

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.

Utmost PanEurope dac and (or) Utmost Worldwide Limited need to collect, process, share and store your personal data to fulfil its contractual obligations under the policy to handle your claim. For this to happen we require your explicit consent, if you do not give your consent unfortunately Utmost will not be able to handle or process your claim.

E1 ACCESS TO MEDICAL RECORDS

- › We request your explicit consent 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.
- › By ticking the box I **explicitly consent** that Utmost may approach any doctor for medical information about anything which affects my physical or mental health

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Full name in
Capital Letters

F 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 understand that any information on the claim provided by me 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 the claim and shall entitle Utmost to terminate my coverage under the policy.
- › I understand that Utmost PanEurope dac and (or) Utmost Worldwide Limited can use my personal information for any of my subsequent claims to Utmost PanEurope dac and (or) Utmost Worldwide Limited.
- › I undertake to inform Utmost PanEurope dac and (or) Utmost Worldwide Limited immediately, in writing, if I carry out any work whatsoever and I understand that failure to do so may entitle Utmost PanEurope dac and (or) Utmost Worldwide Limited to cancel benefits under this Policy.
- › I undertake to inform Utmost PanEurope dac and (or) Utmost Worldwide Limited of any changes in my health or employment whilst I am a claimant.

- › I understand that an authorised representative of Utmost PanEurope dac and (or) Utmost Worldwide Limited 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.
- › By ticking the box I **explicitly consent** to the collection, processing, sharing and storing of my personal data inclusive of any sensitive data by Utmost PanEurope dac and (or) Utmost Worldwide Limited.
- › By ticking the box I **DO NOT consent** to the collection, processing, sharing or storing of my personal data inclusive of any sensitive data by Utmost PanEurope dac and (or) Utmost Worldwide Limited.

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Full name in
Capital Letters

F1 CONSENT TO OBTAIN INFORMATION

I hereby explicitly consent to Utmost PanEurope dac and (or) Utmost Worldwide Limited 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 dac and (or) Utmost Worldwide Limited .
- › 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.

By ticking the box I **explicitly consent** that Utmost PanEurope dac and (or) Utmost Worldwide Limited can if required obtain the above information.

SIGNATURE

Date

d	d	m	m	y	y	y	y
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Full name in
Capital Letters

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.