

**CONTINUATION CLAIM FORM**

**IMPORTANT INFORMATION:**

1. You must fill in the correct sections of the claim form including the Declaration (section B). If you do not return this form in time it may affect your rights to continue to receive benefit under this insurance.
2. Please make sure that you answer all the questions fully and return the form to us with a copy of your medical sick-note for the current period being claimed on or around the date requested by our claims dept. Failure to fully complete the form will result in the form being sent back to you which will delay the processing of your claim. You can use the space provided on the reverse of this form if you need to provide any further information.
3. One of our appointed representatives may visit you while you are claiming. Failure to see them could invalidate or seriously delay your claim. Return this and the sick-note(s) to: Compass Underwriting Ltd, Claims Dpt, 40 Lime Street, London. EC3M 7AW. Tel: 0800 319 6601, email: info@compassuw.co.uk or facsimile 020 7398 0109.

**SECTION A (to be completed by the Claimant)**

1. Certificate No:

2. Date of Birth

3. Telephone No

4. Full Name

5. Address



Postcode

6. Have you undertaken **ANY** employment of any kind during the past month?  
(regardless of whether paid or not)

Yes  No

(if **YES** please give full details and dates in the section provided overleaf)

7. Have you undertaken **ANY** courses, rehabilitation or training during the past month?

Yes  No

(if **YES** please give full details and dates in the section provided overleaf)

8. Do you receive **ANY** income or benefits from other insurances, the state or a pension?

Yes  No

If **YES** please state how much benefit you are receiving per month £  and the maximum benefit duration is  months

9. Please state from whom you are receiving the benefit

10. Do you remain unable to work? Yes  No

If **NO** when did you return to work?

If **YES** please state the reason that you remain unable to work

What are your symptoms and how often do you experience them on a daily basis?



11. Has your GP referred you to a specialist or consultant? Yes  No

If **YES** please give full details including date of next appointment)

