

PERSONAL ACCIDENT AND ILLNESS/INCOME PROTECTION CLAIM FORM



How to complete this claim form

Please read carefully

- Please make sure all sections are fully completed and all documents sent together. Incomplete claim forms or forms with documents missing will be returned and this may cause delays in the assessment of your claim. Please retain this page for your reference.
- Documents required from you are:
 - Copies of all the sick notes (form MED3) that you have been given by your GP or the hospital.
 - If you are an employee then we need copies of 4 months wageslips for the period immediately **prior** to you being signed off work and any evidence of bonus and overtime that you have for the 12 month period prior to you first being signed off.
 - If you are self-employed, then your last 2 years' accounts that have been certified by your accountant or your last 2 years' Inland Revenue approved tax returns prior to you being signed off work.
 - Please provide evidence of any other benefits that you are receiving including incapacity benefits, statutory sick pay, income-protection, employee benefits, half-pay or other salary, pension, or from other similar insurance policies.
 - If your policy covers all or part of a mortgage, loan repayment or debt repayment or any other financial agreement, please provide us with a copy of this agreement with the relevant company.

Please note that this form does not constitute acceptance of your claim by insurers or admission of any liability.

Please return the completed form and attached documents to:

**Compass Underwriting Ltd, Claims Department, 1-2 Crutched Friars, London EC3N 2HT.
 Freephone number: 0800 319 6601 Fax: 020 7398 0109 Email: info@compassuw.co.uk**

Please be advised that all calls are recorded for accuracy
 (We recommend that you send your claim documents by recorded delivery)

The claims process

Below are the guidelines of how to claim and the information we will be assessing with regard to your claim. Your claim will be acknowledged within 5 working days. Your claim will be processed and depending on the response times and information we receive from our enquiries, this process should be completed within 21 days.

- We will write to your GP to obtain a copy of your medical records as per your signed permission.
- We will write to your employer to confirm what date you were signed off work, and to also confirm your previous income and if you are in receipt of any benefits.
- We will write to any other insurers you have detailed in this form.
- We will then assess your claim based on this information.
- We will then take your date of loss (being the first time you suffered from this condition or illness or the date of your injury). We would then apply the applicable waiting period as detailed in your certificate of insurance from the date your GP signed you off work.
- If you are off work for longer than the waiting period you may be eligible for benefits, after we apply the policy terms and conditions. We will then pay you monthly in arrears, usually within 10 working days of us receiving a fully completed continuation claim form, which will be provided by us. Please be advised incomplete forms will be returned and this may delay benefit being paid.

What information do I need to continue to provide throughout my claim?

- You must keep a copy of your GP's sick-notes signing you off work and send them to us.
- **We require monthly sick notes as we expect you to be reviewed by your GP on a regular basis.** We will then continue to pay you until you either return to work or you receive the maximum benefit payable under this insurance.

You may be required to be seen by one of our consultants. If this is necessary they will contact you direct to arrange a mutually convenient time to discuss your claim.

If you send any correspondence to us please make sure you include the policy number and your full name is clearly stated.

Premiums must continue to be paid on the due date while you are in a claim situation unless otherwise informed by insurers.

We recommend that you keep a copy of your claim form and any sick notes.

Check list

Have you attached and completed all sections?

- Completed all details and signed all documents on the claim form
- Copies of all sick notes
- Copies of wage slips or certified accounts detailed above
- Details of any other benefits including other insurance policies

Personal Accident and Illness / Income Protection Claim Form

A. To be completed by you

1. Certificate Number or Policy Number

2. Full Name

3. Date of Birth

4. Address

Postcode

5. Home telephone number

6. Mobile telephone number

7. Can we contact you via email in relation to your claim?

Yes

No

8. Email address

9. Occupation

10. What is the nature of your injury/illness? If an injury describe how it occurred?

11. On what date did the injury or symptoms of your illness first appear? If an injury, provide date of accident?

12. Have you ever suffered from this injury or illness before?

Yes

No

If YES, when and for how long?

13. What date did you last attend your place of work?

14. From what date have you been totally unable to work?

15. When you were unable to work were you in receipt of any salary (including any half pay) other insurance benefits or pension?

Yes

No

If YES, what amount you have received to date?

£

16. How much is the benefit amount per month?

£

17. With regard to any salary, other income, insurances or pensions are you still waiting a decision on what you may receive?

Yes

No

If YES, what is the benefit amount you expect to receive per month?

£

If YES (for Questions 15 and 17), please also complete section C

18. Have you returned to work?

Yes

No

If YES, please state the date you returned to work on:

£

To be completed by you

B. DATA PROTECTION ACT 1998 CONSENT FORM

You may wish for a family member or your legal representative to be given access to your personal and medical information in order to help you with your claim.

In order for us to be able to discuss your claim with anyone other than yourself or our appointed agents we need your specific written permission. Please note that this consent would not allow anyone other than yourself to receive any benefit payments.

You may activate or cancel your permission at any stage throughout your claim. Please contact us should you wish to make any changes.

Do you wish for your personal information to be given out to a family member or legal representative? Yes No

If **YES** then please complete the following section:

The name of your appointed family member* or legal representative

(*Family member shall mean: husband or wife, mother or father, son or daughter only).

Their relationship to you

Their date of Birth

Their contact address

Postcode

CLAIM FORM DECLARATION

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

AND

I hereby declare that the statements in this claim form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my present employer and any doctor who has treated me or any person/organisation that is deemed necessary, to check the answers I have provided, and I authorise the giving of such information. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjustors and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

Signed

Date

To be completed by you

C. OTHER INSURANCE(S) CONSENT FORM

Do you have any other income protection, accident/illness, loan protection, credit card protection, mortgage protection or PHI, pension or similar?

Yes No

If **YES**, please state the following for each insurer who has provided you cover?

1. Name of Insurer/Pension Provider

Address

Postcode

Telephone Number for the claims/pension administration department

Policy/Claim/Pension reference number (not Compass)

2. Insurer's name

Address

Postcode

Telephone Number for the claims/pension administration department

Policy/Claim/Pension reference number (not Compass)

3. Insurer's name

Address

Postcode

Telephone Number for the claims/pension administration department

Policy/Claim/Pension reference number (not Compass)

I hereby confirm that I authorise my other insurers/pension providers, as named above, to disclose personal information about me including details about my claim/pension. A copy of this authorisation shall be considered as effective and valid as the original.

Signed

Date

Name

Address

Postcode

Date of birth

If you have more than 3 other insurers/pension providers, please provide their contact details on a separate sheet.

To be completed by you

D. CONSENT FORM FOR RELEASE OF MEDICAL RECORDS OR REPORTS

We may need to obtain medical reports or records to support your claim. Before we can ask any doctor that you have consulted to complete a report or ask for your medical records, we require your permission under the Access to Medical Reports Act 1988 &/or the Data Protection Act 1998. Your rights under the Access to Medical Act 1988 are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed with your claim.

You can ask to see the report before the doctor returns it to us. If this is the case we will ask the doctor to keep the report for a period of 21 days for you to arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
 - Any care, medication or treatment you are currently receiving
 - The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health
 - Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases
 - Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
 - Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
 - Suicidal thoughts or attempts at suicide or
 - Conditions related to drug or alcohol misuse or smoking or chewing tobacco

Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

Any blood pressure readings in the last three years

- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

Data Protection Act 1998

The Data Protection Act 1998 applies to personal information. This is information about living, identified or identifiable individuals and includes information such as names and address, bank details, and opinions expressed about an individual.

The Act regulates how personal information is used and requires organisations to comply with eight principles or rules of good information handling. These principles include that the data be processed fairly and lawfully, accurate, and where necessary, kept up to date and for no longer than necessary, processed in accordance with the individuals rights and kept secure and transferred only to countries that offer adequate data protection.

The Act does classify some personal information as "sensitive" and there are stricter rules about this, including your physical or mental health condition. These stricter rules make sure that this sensitive information is only used where an organisation such as Compass or our insurers have an essential need to use it and where you, the individual, has given us explicit consent.

Your medical records, whether maintained manually or on computer (subject to transitional provisions), are personal data held by health professionals subject to your rights to access to them under the Data Protection Act 1998. This means that you must make a "subject access request" under the terms of the 1998 Act for such records to be made available to your insurer - such request would normally be made by you signing to this effect on a claim form coupled with an authority to the health professional to give access to us.

The information you and your doctor provide about your health may result in us:

- Refusing to agree your claim

If you have any questions about your rights under either of these Acts or relating to the process of us obtaining, assessing or storing medical information, please write to the Claims Manager at Compass Underwriting Ltd, 1-2 Crutched Friars, London EC3N 2HT.

I have read the details of my rights under the Access to Medical Reports Act and the Data Protection Act as explained above and in connection with my insurance claim. I hereby consent to Compass Underwriting seeking medical information from my doctor who has attended me concerning my physical or mental well being in connection with this claim and I agree that a copy of this consent shall have the validity of the original.

I DO/DO NOT (delete as appropriate) WISH TO SEE THE REPORT BEFORE IT IS SENT TO COMPASS UNDERWRITING.

Your name	Certificate/Policy number
<input type="text"/>	<input type="text"/>
Your signature	Date of birth
<input type="text"/>	<input type="text"/>
Your GP/Consultant name	
<input type="text"/>	
Your GP/Consultant address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	
Your GP/Consultant telephone number	Your GP/Consultant facsimile number
<input type="text"/>	<input type="text"/>

E. Employers Consent Form

Certificate Number or Policy Number

Please complete the following questions so that your employer can identify you and provide us the information, as set out under the Data Protection Act 1998, as we need your consent so that we can complete our assessment of your personal accident / income protection claim.

Your Employee/Payroll number

The name of your employer

Their contact address

Postcode

Your full name

Your full address

Postcode

Your date of birth

Your National Insurance Number

Your full payroll number:

(You must provide this information as shown on your pay advice slip)

I hereby confirm that I agree in authorising my employer, as named above, disclosing personal information about me to Compass Underwriting Limited and agree that a copy of this consent shall have the validity of the original.

Signed

Date

Name



Compass Underwriting Ltd.
Claims Department, 1-2 Crutched Friars, London EC3N 2HT.
Tel. 0800 319 6601 Fax. 020 7398 0109
Email. info@compassuw.co.uk Website. www.compassuw.com

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