



## UNEMPLOYMENT / REDUNDANCY MONTHLY CONTINUATION CLAIM FORM

**COMPLETION NOTES:**

**Insured:** Please complete section 1 and 2  
**Benefits Agency:** Please complete section 3 or provide the ABI 1 forms for the entire period being claimed. These should be obtained each time you sign on, there should be one for every 2 weeks.

**IMPORTANT INFORMATION:**

1. Premiums must continue to be paid on the due date while you are claiming under this policy.
2. You must fill in the correct sections of the claim form including the Declaration (section 3). Return this completed form to us as quickly as possible. If you do not return this form in time it may affect your rights to continue to receive benefit under this insurance.
3. Please make sure that you answer all the questions fully so that we can assess your continued claim straight away.
4. 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 ABI1 forms to: Compass Underwriting Ltd, Claims Dpt, 40 Lime Street, London. EC3M 7AW. Tel 020 7398 0100 or facsimile 020 7398 0109**

**SECTION 1 (to be completed by the Insured)**

CertificateNo: **66\*CC**..... Date of Birth:.....

Full Name: .....

Address: .....

..... Post Code..... Contact Tel No:.....

Have you have undertaken ANY employment of any kind since the last time you claimed? YES / NO (if "Yes" please give full details)

Have you undertaken ANY holidays, courses or training since the last period? YES / NO (if "Yes" please give dates, from .....to.....)

Do you have any other applicable insurances? YES / NO. (i.e. mortgage, loan, credit card, income protection) If "Yes" please state how much benefit you are receiving per month from which Insurer(s) and what the maximum benefit duration is £..... per month from .....

Are you actively seeking employment ? Yes No If No, please give details:.....

How many interviews have you undertaken during the past month ? \_\_\_\_\_

Please give details (including names and dates).....

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Even if you state "none" please provide written evidence of what jobs you have applied for including any responses from potential new employers, copies of applications made including any advertisements, any other letters, emails, internet searches, responses, your job search diary and the like. **Please note that failure to provide written evidence that you are actively looking for work could mean a suspension of your monthly benefit or even invalidate your claim.**

**SECTION 2 Declaration (to be completed by the Insured)**

*I hereby declare that the above statements are true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the continued payment of my claim. I consent to the seeking of information from my past and present employers, the Employment Service, the Benefits Agency and any doctor who has treated me or any person/organisation that the underwriters deem necessary, 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, the Employment Services and the Benefits Agency for fraud prevention purposes.*

**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.

Signed.....Date .....

