

UNEMPLOYMENT CLAIM FORM



How to complete this claim form

Please read carefully

- Please make sure all sections are fully and correctly 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:
 - If you are a company employee we require either the original or a certified copy of your notification and redundancy letter plus any other correspondence relating to this redundancy.
 - You need to get your employer to complete Section 3.
 - You need to get the benefits agency to complete section 2 or provide an ABI1 form. These need to be sent to us along with your claim form.
 - If you are self employed or a Company Director you need to prove that you or your business have ceased to trade and has been formally wound-up by a qualified accountant including any documents sent to the Inland Revenue and your bank.
 - If you are on a fixed-term or short-term contract you must provide us a full copy of your contract and copy letters relating to the termination or non-renewal of your contract.
 - You must provide any other details we request that relate to your claim before we will consider any payments.
 - Proof of income (see section 1 of the claim form) will have to be proven by you before any claim will be considered.

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.

- The date that the benefits agency accepts your claim is the usual start date of your insurance claim or when any payment in lieu or holiday entitlement is finished whichever is later as this is taken as taxable income.
- The waiting or deferred period as detailed in the certificate then comes into effect.
- From the end of the waiting or deferred period we pay the monthly benefits one month in arrears.
- We can only pay you benefit up to the last date you have been awarded Job Seekers Allowance or NI credits.

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

- You must then complete our Monthly Claim Continuation form - for each month that you continue to claim. We will provide this to you.
- You must maintain a record of all adverts you have replied to, job applications, responses to adverts, emails, job search diary and details of any interviews as we will need to see them in support of your claim, each month. The onus is on you to show us that you are actively looking for work on a regular basis throughout each month.
- Each fortnight that you sign-on you will need to provide us a copy of the ABI1 form - so you will need to attach two with each completed monthly continuation form.
- You must continue to provide us details of any payments that you are receiving, from other insurer(s) and/or the Government.

Once we have received all the necessary evidence we will process your claim monthly in arrears, usually within 5-working days of receipt of a properly completed claim form.

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. We recommend that you keep a copy of your claim form, ABI1 forms, claim continuation form, job applications & interviews and all other documents or evidence that could support your claim.

If you have any questions please call us on Freephone: **0800 319 6601**.

Check list

Have you attached and completed all sections?

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



Unemployment Claim Form

Section 1. To be completed by you

1. Certificate Number or Policy Number

2. Full Name

3. Address

Postcode

4. Date of Birth

5. Home telephone number

Mobile telephone number

6. Occupation

7. National Insurance Number

8. Email address

9. Do you have any other income protection, mortgage, credit card, loan, PHI or other similar insurances?

Yes

No

If **YES**, please state how much benefit you could or do receive per month

from:

under Policy Ref(s)

£ per month

Insurer

No.

Please continue on a separate sheet if you require more space.

10. Are you self-employed?

Yes

No

or

Are you on a fixed-term contract?

Yes

No

11. Have you made a previous claim under this insurance?

Yes

No

12. Your Employer's Company Name

13. Company address

Postcode

14. Telephone number

15. Fax number

16. Payroll number

17. Date employment commenced

18. Number of hours worked per week

Please also enclose the following:

- Copies of your last 4 months payslips
- Your initial notification and redundancy letter
- Your JobCente ABI1 form

Unemployment Claim Form

19. Date first notified of loss of employment

20. State whether verbal or written

21. Reason for loss of employment (please tick appropriate box)

Compulsory Redundancy

Voluntary Redundancy

Dismissal

Dismissal due to misconduct

Resignation

Lack of work

Retirement

Other

22. Did you receive any payment in lieu of your contract?

Yes

No

If YES, please state for how many weeks

weeks

23. Did you receive any payment in lieu of any un-used holidays?

Yes

No

If YES, please state how many days

days

Please complete the following details if your employers have gone into bankruptcy or liquidation

24. Name of official Receiver

25. Contact name

26. Address

Postcode

If you have been with your employers less than 12 months, please detail below your employers for the previous 2 years.

EMPLOYER 1

27. Company name

28. Company address

Postcode

29. Date employment commenced

30. Date employment ended

31. Reason for leaving

EMPLOYER 2

32. Company name

33. Company address

Postcode

34. Date employment commenced

35. Date employment ended

36. Reason for leaving

EMPLOYER 3

37. Company name

38. Company address

Postcode

39. Date employment commenced

40. Date employment ended

41. Reason for leaving

Unemployment Claim Form

Section 2 – To be completed by the Benefits Agency

We would be grateful if you could provide the claimant with a completed and signed ABI1 form. If the ABI1 form is not available we would ask that you complete the following section.

1. Date first registered as unemployed?

2. Is claim continuing? Yes No

If **NO**, when did claim end and what was the reason?

3. Is the claimant in receipt of state benefit(s)? Yes No

If **YES**, period of receipt: From: To:

If **NO**, please state why the claimant is not in receipt of benefit?

4. Has the claimant entered a Government Training Scheme? Yes No

If **YES**, when did the scheme start?

5. Is the claim suspended or disallowed? Yes No

If **YES**, please give details

6. Has the claimant declared any part-time work? Yes No

If **YES**, please give details

7. Signed

Title

Date

Please print name

Official Stamp

Unemployment Claim Form

Section 3 – Employers (to be completed by your last Employer)

1. Employee's Name	2. Nature of Company Business
<input type="text"/>	<input type="text"/>
3. Date Employment commenced	4. Employee's Position
<input type="text"/>	<input type="text"/>
5. Date first notified of impending unemployment	6. No. of hours worked per week
<input type="text"/>	<input type="text"/>

Could you please provide a copy of their contract of employment

7. Was the employment intended to be permanent?	8. Was the employee on a fixed term contract?
Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If Yes, please advise dates From To

9. Who terminated the employment?

10. Reason for termination

Compulsory Redundancy <input type="checkbox"/>	Voluntary Redundancy <input type="checkbox"/>	Dismissal <input type="checkbox"/>	Dismissal due to misconduct <input type="checkbox"/>
Resignation <input type="checkbox"/>	Lack of work <input type="checkbox"/>	Retirement <input type="checkbox"/>	Other <input type="checkbox"/>

If Other, please give reason?

11. Date written notice was given	12. Date verbal notice was given
<input type="text"/>	<input type="text"/>

(If verbal and written notices were issued on the same date – please give explanation of why your company is exempt from the usual 10 day consultative period as set out under Employment/Redundancy legislation).

13. What is the employee's contractual notice period? months

14. Was payment in lieu of notice made?	If Yes, what date were they paid to?
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

15. Did they received any un-taken accrued holiday pay?	If so, how many days?
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

16. Have you employed this person previously?	If Yes, please advise dates employed
Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

17. Is unemployment a regular feature in this occupation?
Yes No

18. Signature

Print Name

Date

Position

19. Company Stamp

Unemployment Claim Form

Section 4 – To be completed by you

A. DATA PROTECTION ACT 1998 CONSENT FORM

You may wish for a family member or your legal representative to be given access to your personal information including details about your unemployment or job search situation 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

B. 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 and past employers and/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



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Email. info@compassuw.co.uk Website. www.compassuw.com

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