

UNEMPLOYMENT / REDUNDANCY CLAIM FORM

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

Below are the guidelines of how to claim and the information we will require from you before we will start to adjudicate or look at your claim. Please refer to your Insurance contract terms and conditions for a more detailed explanation.

What information do I need to provide?

- You need to send us this form **within 30-days** of being notified that you are being made unemployment. If you are late in sending this to us – it could lead to delays in your claim being paid or not having your claim paid at all.
- Firstly you, your employer and the benefits agency must complete the claim form in full.
- If there is a delay in you signing on, we suggest that you complete what you can on the claim form and send it back to us.
- Every fortnight that you visit the benefits agency you must obtain an **ABI 1** form, which must be enclosed with our monthly continuation form - before any payments can be made or considered.
- If you are a company employee we require either the original or a certified a copy of your redundancy letter and any other correspondence relating to this redundancy.
- If you are self employed or a Company Director you need to prove that you or your business have stopped trading and has been formally wound-up by a qualified accountant.
- If you are on a fixed-term or short-term contract you must provide us a full copy of this.
- 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) this will have to be proven by you before any claim will be considered.
- If you have any other similar insurances, including mortgage protection plans, PHI, credit card or loan protection plans – full details must be provided, including a copy schedule showing the amount of benefit and the name of the insurer.

How do I claim on my Income Protection Insurance?

- 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.
- The waiting period as detailed in the certificate then comes into effect.
- From the end of the waiting 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.
- The payment is made to the claimant in the form of a cheque form and can only be sent after the month claimed has expired. (E.g. claim for 15th October 2002-14th November 2002, the cheque can only be sent from 15th November 2002.)

What information do I need to continue to provide?

- Firstly you, your employer and the benefits agency must have completed the claim form.
- You must then complete our Monthly Claim Continuation form - for each month that you continue to claim. We will provide this to you. If you do not receive one enclosed with your previous month's benefit cheque from us – please contact our office on 020 7398 0100 or email london@compassuw.co.uk to request one.
- You must maintain a record of all adverts, job applications, responses to adverts, emails, job search diary and 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.

- 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 both insurer's and the Government.

Once we have received all the necessary evidence we will process your claim monthly in arrears , usually within 10-working days of receipt of a properly completed claim form.

Other important information

- Premiums must continue to be paid on the due date while you are in a claim situation
- Please make sure that you answer all the questions fully so that we can assess your claim straight away.
- One of our appointed representatives may visit you while you claim. **Failure to see them could invalidate or seriously delay your claim.**
- We strongly recommend that you keep a copy of your completed claim form, ABI1 forms, claim continuation form, job applications and interviews and all other documents or evidence that could support your claim.
- **Then finally return the form to: Compass Underwriting Ltd, Claims Department, 40 Lime Street, London.**



EC3M 7AW. Tel. 0207 398 0100 Fax. 0207 398 0109. (We recommend that you send it by recorded delivery).

UNEMPLOYMENT CLAIM FORM

SECTION 1 (to be completed by the Insured)

Please complete in BLOCK CAPITALS.

Policy No: 66*CC
Full Name:
Date of Birth: Home Telephone No..... Mobile Phone No.....
Address:
Postcode Email address.....

Occupation:
National Insurance Number:
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 which Insurer(s) and what the maximum benefit duration is £..... per month from under policy ref(s)..... (please provide copies of all policy schedules)
Date unemployment started?.....
Did you receive any payment in lieu of your contract? YES / NO. If "Yes" please state for how manyweeks
Did you receive any payment in lieu of any un-used holidays? YES / NO. If "Yes" please state how many days: days
Have you made a previous claim under this insurance, please give details including claim duration?

Please also enclose the following:- Copies of your last 4 months payslips. Your redundancy letter. Your JobCente ABI1 form. If you are self employed or on a fixed-term contract, please complete the following. If not, please go to section 2.

Give the reason for your loss of employment?
Have you since returned to employment? Yes No If Yes please give the date and details:
Are you self-employed? Yes No OR Are you on a fixed-term contract Yes No
If you are on a fixed term contract have you been with the same employer for more than 2-years Yes No (please provide copy)
Do you own any shares in your employer? If yes how many as a % of the overall total _____%

Details of your Accountant

Company name and contact name:
Company address:
Number of hours you worked per week? Type of business you were in?.....
Has your business ceased trading? Yes No

SECTION 3 – Last Employers details (to be completed by Insured)

Company name:.....

Company address:.....

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Telephone Number:..... Fax Number:.....

Occupation:..... Payroll Number:.....

Date Employment Commenced:..... No. of hours worked per week:.....

Date first notified of loss or unemployment: State whether verbal or written.....

Reason for loss of employment	Compulsory Redundancy	Voluntary Redundancy
	Dismissal	Dismissal due to misconduct
	Resignation	Lack of work
	Retirement	Other

If Other, please give details:.....

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

Name of official Receiver:..... Contact name:.....

Address:.....

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If you had not been with your employers more than 12 months, please detail below your previous employers.

Company name:.....

Company address:.....

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Date employment commenced:..... Date employment ended:.....

Reason for termination:.....

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Please complete the following details for your employer 6 months prior to the inception of this agreement, if different to last employer.

Company name:.....

Company address:.....

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Date employment commenced:..... Date employment ended:.....

Reason for termination:.....

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