



# Group Critical Illness – Employee claim form

To help us assess the claim, we need to ask you some questions about the critical illness being claimed for under your employer's Critical Illness policy. You should also have received a consent form and a leaflet called 'Your Statutory Rights'.

## What you need to do

- 1. Claim form** Please complete all the boxes in this claim form as fully as you can and return it with any accompanying documents to us at: **claimsuk@unum.co.uk**  
Alternatively you can post your completed form and accompanying documents to:  
**Claims Dept, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.**
- 2. Proof of identity/age** Proof of identity – We need verification of your identity for payment of the benefit (or of the person to who payments will be made if not to you) – this should include one item from Group A and one from Group B below.  
  
Proof of age – We need proof of your age (or your partner/spouse or child's age). If the items you have provided for proof of identity do not show the date of birth for the person claiming, or if a name has changed please also provide the original birth certificate and proof of any name change (i.e. original marriage, divorce or deed poll documents).
- 3. Consent form** Please send the signed consent form back to us with this completed claim form. This can either be sent direct or via your employer.
- 4. Statutory Rights leaflet** For you to keep, this gives you information on how we will hold and process your information.

We may contact you to help us assess your claim and discuss our support services.

## Group A – Evidence of Full Name and either current address or Date of Birth

- Valid passport (UK/EU/USA)
- Valid photocard driving licence (full or provisional)
- Valid old style full UK driving licence
- National identity card
- Identity card issued by the Electoral Office for Northern Ireland
- Recent evidence of entitlement to state or local authority funded benefit (inc. housing and council tax benefit), Employment and support allowance, (ESA), tax credit, pension, educational or other grant
- Firearms certificate or shotgun licence

## Group B – Evidence of Full Name and either current address or Date of Birth

- Valid photocard driving licence (full or provisional) – (only if not used as evidence for group A)
- Valid old style full UK driving licence – (only if not used as evidence for group A)
- Utility bills issued within the last 6 months (including copies of electronically held documents)
- Current bank statements or credit/debit card statements issued in the UK (including copies of electronically held documents)
- Current council tax demand, letter or statement
- Most recent mortgage statement issued by a recognised lender
- Instrument of a court appointment (eg liquidator or grant of probate)

Please leave this space blank

If you have any questions or need help completing any part of the form, please call us on **01306 873243** and we will be happy to help.

## Employee details

Your full name	<input type="text"/>		
Life ID (if known)	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Telephone	Home: <input type="text"/>	Mobile:	<input type="text"/>
Email address	<input type="text"/>		
Name of employer	<input type="text"/>		

## Is this claim for:

You (employee)       Your spouse/partner       Your child

## Spouse/Partner/Child details (if applicable)

Full name of spouse/partner/child	<input type="text"/>
Date of birth	<input type="text"/>
Address	<input type="text"/>
	Postcode <input type="text"/>

## Claim details

Critical illness	<input type="text"/>		
Date of diagnosis	<input type="text"/>	Benefit claimed	£ <input type="text"/>

## Please indicate the critical illness being claimed for under your employer's critical illness policy

The following is a list of all of the possible critical illnesses that may be covered by your Employer's policy. Your cover depends on your employer's policy terms. You may not be covered for certain critical illnesses shown below. Please contact your employer if you are unsure which critical illnesses are covered under your employer's policy.

Group	Base cover	Extra cover
<p><b>Cancer</b></p>	<p><input type="checkbox"/> Cancer – excluding less advanced cases</p> <p><b>Cancer Pathway</b> The Unum Cancer Pathway includes a personalised support service for all our Critical Illness members who are diagnosed with cancer. The service is provided by Reframe at no cost. If you would like someone from Reframe to contact you, please tick this box. <input type="checkbox"/></p> <p>For more information on our Cancer Pathway, please <a href="#">click here</a> or <a href="#">visit the Critical Illness section of our website</a></p>	
<p><b>Heart and circulatory diseases</b></p>	<p><input type="checkbox"/> Cardiac arrest – with insertion of a defibrillator</p> <p><input type="checkbox"/> Coronary artery bypass grafts</p> <p><input type="checkbox"/> Heart attack</p> <p><input type="checkbox"/> Heart transplant – from another donor</p> <p><input type="checkbox"/> Stroke</p>	<p><input type="checkbox"/> Aorta graft surgery</p> <p><input type="checkbox"/> Cardiomyopathy – of specified severity</p> <p><input type="checkbox"/> Coronary angioplasty – to 2 or more coronary arteries</p> <p><input type="checkbox"/> Heart valve replacement or repair</p> <p><input type="checkbox"/> Primary pulmonary arterial hypertension – of specified severity</p> <p><input type="checkbox"/> Pulmonary artery surgery – for disease</p> <p><input type="checkbox"/> Structural heart surgery – with surgery to divide the breastbone</p>
<p><b>Organ failure</b></p>	<p><input type="checkbox"/> Kidney failure – requiring permanent dialysis</p> <p><input type="checkbox"/> Major organ transplant – from another donor</p>	<p><input type="checkbox"/> Aplastic anaemia – of specified severity</p> <p><input type="checkbox"/> Liver failure – of specified severity</p>

Group	Base cover	Extra cover
<b>Diseases of the brain and central nervous system</b>	<input type="checkbox"/> Creutzfeldt-Jakob disease – resulting in permanent symptoms <input type="checkbox"/> Dementia including Alzheimer’s disease – resulting in permanent symptoms <input type="checkbox"/> Motor neurone disease – resulting in permanent symptoms <input type="checkbox"/> Multiple sclerosis – with persisting symptoms <input type="checkbox"/> Parkinson’s disease and Parkinson plus syndromes – resulting in permanent symptoms	<input type="checkbox"/> Bacterial meningitis – resulting in permanent symptoms <input type="checkbox"/> Benign brain tumour – with permanent symptoms or specified treatments <input type="checkbox"/> Benign spinal cord tumour – with permanent symptoms or specified treatments <input type="checkbox"/> Coma – with associated permanent symptoms <input type="checkbox"/> Encephalitis – resulting in permanent symptoms
<b>Respiratory diseases</b>	<input type="checkbox"/> Lung transplant – from another donor	<input type="checkbox"/> Respiratory failure – of specified severity
<b>Accidents</b>		<input type="checkbox"/> HIV infection – caught within specified geographic limits from a blood transfusion, physical assault or at work <input type="checkbox"/> Third degree burns – covering 20% of the body or face <input type="checkbox"/> Traumatic brain injury – resulting in permanent symptoms
<b>Terminal illness</b>		<input type="checkbox"/> Terminal illness – where death is expected within 12 months
<b>Disability</b>		<input type="checkbox"/> Blindness – permanent and irreversible <input type="checkbox"/> Deafness – permanent and irreversible <input type="checkbox"/> Loss of hand or foot – permanent physical severance <input type="checkbox"/> Loss of speech – total, permanent and irreversible <input type="checkbox"/> Paralysis of limb – total and irreversible <input type="checkbox"/> Rheumatoid arthritis – of specified severity <input type="checkbox"/> Total permanent disability – of specified severity

Group	Base cover	Extra cover
<b>Children's specific critical illnesses</b>	<input type="checkbox"/> Cerebral palsy <input type="checkbox"/> Childs intensive care benefit - requiring mechanical ventilation for 7 days <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Hydrocephalus - treated with the insertion of a shunt <input type="checkbox"/> Muscular dystrophy <input type="checkbox"/> Spina bifida myelomeningocele <input type="checkbox"/> Total permanent disability - permanently unable to look after yourself	

## Details of the condition

What treatment are you currently receiving?

Name and address of your usual doctor

Postcode

Name and address of the specialist who treated you for the critical illness

Postcode

Have you previously suffered from the same or any similar condition?

Yes

No

If Yes, please give details including dates



Please use additional pages to provide details of any other consultants/specialists if necessary. If you have copies of any reports or correspondence you think may help us assess the claim, please send them with the claim form.

## Payment details

(Please enter the details of the bank or building society account the lump sum should be paid into)

Bank name

Bank sort code

Account name

Account number

## Have you included everything you need to with your claim form?

### Checklist

1. Consent form
2. Identity verification documents for the payment of benefit
3. Proof of age for the person claiming (which may include: original birth, marriage, divorce or deed poll document)

## Declaration

I have read and understood my statutory rights as set out in the accompanying document 'Your Statutory Rights'.

I consent to Unum holding personal sensitive data about me for the purposes of assessing this claim.

I declare that all statements made are true and complete to the best of my knowledge and belief, and that I have disclosed all information relevant to this claim for benefits.

**I understand that if any information provided is found to be deliberately misleading, or if I fail to provide relevant information, this claim may be rejected and the insurer may be entitled to keep any premiums paid.**

Signed (employee)  Date

Full name

Signed (spouse/partner) if applicable  Date

Full name



Please remember to include copies of any reports or correspondence you may have to help us assess the claim.

[unum.co.uk](http://unum.co.uk)

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