

Elixia 123

Personal Critical Illness – claim form

To help us assess your claim, we need to ask you some questions about the critical illness that you are claiming for. You should also have received a consent form and a leaflet called 'Your Statutory Rights' along with this claim form.

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: individual.claims@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 – 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 child's age if you are claiming for your child). If the items you have provided for proof of identity do not show the claimant's date of birth, please also provide their 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 claim form fully completed.
- 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.

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)

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.

Personal details

Policy number

Your full name

Life ID (if known) Date of birth

Address

 Postcode

Telephone Home: Mobile:

Email address

Is this claim for You Your child

Child details – complete this section only if you are claiming for your child

Full name of child

Child's date of birth

Address

 Postcode

Please indicate the critical illness being claimed for under your critical illness policy

The following is a list of all of the critical illnesses that Unum provides cover for, some of which may not be covered by your policy.

Your cover depends on your policy terms. You therefore may not be covered for certain critical illnesses shown below. Please contact us if you are unsure which critical illnesses are covered under your policy.

Please tick next to the critical illness that you wish to submit a claim for.

Category 1

- Cancer – invasive and life threatening
- Chronic emphysema
- CJD (Creutzfeldt-Jakob disease) or New Variant Creutzfeldt-Jakob disease
- Heart attack – major
- Kidney failure
- Liver failure
- Major organ transplant
- Stroke – severe
- Terminal illness

Category 2

- Alzheimer's Disease
- Blindness
- Deafness
- HIV infection/ AIDS contracted in the course of duty
- HIV infection/ AIDS contracted due to a blood transfusion
- HIV infection contracted by a physical assault
- Loss of independent existence
- Loss of Limbs
- Loss of Speech
- Motor Neurone disease
- Paralysis/ Paraplegia
- Parkinson's Disease
- Pre-senile dementia
- Third Degree Burns

Category 3

- Aorta graft surgery
- Angioplasty
- Balloon valvuloplasty
- Benign brain tumour
- Cancer
- Coma
- Coronary artery by-pass grafts
- Heart attack
- Heart valve replacement or repair
- Open heart surgery
- Traumatic head injury
- Mastectomy
- Stroke
- Total and permanent disability before age 60

Claim details

Critical illness

Date of diagnosis Benefit claimed £

Details of the condition

Please answer the following questions for the Critical Illness for which you are claiming.

When did you first consult any medical professional regarding your illness?

Please describe the nature and extent of your illness

Name and address of your usual doctor

Postcode

Name and address of the specialist who is/has treated you for the 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 that you think may assist us with the assessment of your claim, please send them along with the fully completed claim form.

Total & Permanent Disability (TPD) Benefit

If you are claiming for Total & Permanent Disability, please complete the questions in the section below.

Please confirm the nature of the occupation by which you were earning your living immediately before your illness and describe your normal duties in detail.

Your Employer's Details

Name of Employer

Address

Postcode

Telephone

If you have more than one employer, please provide details of the other employers on a separate sheet.

On what date did you become absent from work?

Please give details of your illness symptoms and what activities at work these symptoms prevent you from carrying out

Do you envisage a return to work in the future Yes No

If 'yes' when would you expect to return to work

Do you intend to seek alternative employment? Yes No

Are you trained for any other occupation? Yes No

If 'yes' please give details of qualifications and experience

Waiver of Premium Benefit

If you have chosen the Waiver of Premium option in your policy and suffer a disability as defined in your policy for a continuous period of six months or more we will waive the premium due until the earliest of the following are satisfied:

- The date you no longer satisfy the relevant tests described below
- The expiry date
- On death or payment of the main Critical Illness benefit

If you are claiming for waiver of premium benefit, please complete the questions in the section below

Please tick the boxes that apply to your current physical or mental impairment:

Can you sit comfortably in a chair for 30 minutes?	Yes	No
Can you get up from a chair without using its arms and without the assistance of any other person, object or appliance?	Yes	No
Can you stand and perform light tasks using one hand for support for a period of 10 minutes?	Yes	No
Can you walk a distance of 200m on flat ground without stopping (meaning normal walking without the use of sticks or crutches)?	Yes	No
Can you lift a 2kg weight from counter height using either hand? (Both arms have to be disabled in order to satisfy this test. The test is not concerned with the ability to do this with both hands together. The weight is without handles)	Yes	No
Can you walk up and down a flight of 12 stairs without holding on or taking a rest? This means doing both tasks within a reasonable period and not necessarily one immediately after the other.	Yes	No
Can you either bend or kneel to pick up something light from the floor and straighten up again unaided?	Yes	No
Do you have the manual dexterity necessary to write an A5 letter using a pen or pencil using the normal dominant hand to write?	Yes	No
Do you have the manual dexterity to use a keyboard to input data under normal conditions for a period of 20 minutes? Inability to do this with either hand will satisfy the test. The test is not concerned with the speed or proficiency of the input but the dexterity of the hands.	Yes	No
Can you answer a telephone and relay a message?	Yes	No
Can you put on and take off items of clothing that are normally worn?	Yes	No
Can you use normal cutlery to eat a meal that has already been prepared?	Yes	No

Do you suffer blackouts such that reasonable medical opinion requires revocation of your ordinary UK driving licence (or where such a condition would preclude you from obtaining an ordinary UK driving licence if you do not hold one)?

Yes

No

Are you certified either blind or partially sighted by a registered Consultant Ophthalmologist?

Yes

No

Do you suffer serious symptoms of mental illness or any serious impairment in social or occupational functioning and are you under the care of a Consultant Psychiatrist?

Yes

No

Is driving a substantial requirement of your occupation?

Yes

No

Have you had your UK ordinary driving licence revoked on the grounds of ill health as the result of a physical or mental impairment?

Yes

No

Payment details

(Please enter the details of the bank or building society account that you would like the lump sum to be paid into)

Bank name	<input type="text"/>
Bank sort code	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Account name	<input type="text"/>
Account number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

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

Checklist

- Consent form
- Identity verification documents for the payment of benefit
- 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/my child for the purposes of assessing this claim.

I declare that all statements made in this claim form 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 Unum may be entitled to keep any premiums paid.

Signed

Date

Full name