

# 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. If you have any questions or need help completing any section, please call us on 0345 8509885 and we will be happy to help.
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 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 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 form.
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)

If you have any questions or need help completing any part of the form, please call us on 0345 8509885 and we will be happy to help.

## Employee details

Your full name

Life ID (if known)  Date of birth

Address   
Postcode

Telephone  Mobile

Email address

Employer's name

Scheme/Policy No. (if known)

Date you joined your employer

Date you joined the policy

Are you still an employee?  Yes  
 No – date employment ceased

Are you on a fixed-term contract?  Yes – date contract ends   
 No

Is this claim for: You (employee)  Your child

If this claim is for you - Are you a smoker or non-smoker?

Smoker  Non-smoker\*

\*A non-smoker is a member who has not used cigarettes or any tobacco or nicotine products including nicotine gum, nasal spray, and e-cigarettes in the previous 12 months.

## Child details (if applicable)

Full name of child

Date of birth

Address   
Postcode

## Claim details

Critical illness

Date of diagnosis

Benefit claimed £

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

Group	Critical Illness
Cancer	<input type="checkbox"/> Cancer – excluding less advanced cases <input type="checkbox"/> Cancer – second and subsequent
Heart and circulatory diseases	<input type="checkbox"/> Coronary artery bypass grafts <input type="checkbox"/> Heart attack <input type="checkbox"/> Stroke
Organ failure	<input type="checkbox"/> Kidney failure – requiring permanent dialysis <input type="checkbox"/> Major organ transplant – from another donor
Diseases of the brain and central nervous system	<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

## Details of the condition

What treatment are you currently receiving?

Name and address of your usual doctor

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

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 account the lump sum should be paid into

UK account name

Account number

Sort code  –  –

## 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

1. I have read and understood my statutory rights as set out in the accompanying document entitled "Your Statutory Rights".
2. I consent to Unum holding and processing personal sensitive data about me for the purposes of assessing this claim.
3. 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 material to this claim for benefit.
4. I understand that if any information provided is found to be deliberately misleading or if I fail to provide material information, this claim may be rejected.

Signed (employee)

Date signed (dd/mm/yyyy)

Full name



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