

# How to make a claim

## Individual Income Protection

Personal Income Replacement Plan | Primary Income Replacement Plan

# How to make a claim

## Contents

<b>Introduction</b>	3
<b>Step 1 – Making a claim</b>	4
Contact us for a claims pack	4
Complete and return the forms	4
<b>Step 2 – Processing your claim</b>	6
Gathering and paying for medical evidence	6
<b>Step 3 – Assessing your claim</b>	7
Your illness or injury and how it affects your ability to work	7
How your earnings relate to the benefit payable	7
Disability Plus	7
Paying benefit for a known period of incapacity	8
Claims that we do not accept or stop	8
Benefit payments	8
Reviewing your claim	8
Rehabilitation	8
Complaints	9

# Introduction

**The purpose of your Policy is to provide you with a regular income during a long-term illness or injury that prevents you from working. This benefit is payable in addition to any State benefits that you may receive.**

Assuming you meet the requirements set out in your Policy Terms and Conditions, after you have been incapacitated for a certain length of time (called the “deferred period” – shown on your Policy Schedule) benefits will start to be paid. We will pay you benefit until you are fit enough to return to work, until you die, or until the expiry of the policy or benefit term – whichever happens first.

This guide explains how to make a claim, how we will process your claim and what medical or financial evidence we may need during the process. It also describes the role and service provided by our Vocational Rehabilitation Consultants.

It is important that you read this guide together with your Policy Terms and Conditions and Key Features (or Key Facts) document as they cover, in more precise detail, what is and what is not covered by the Policy that you have with us.

If you do need any further information or assistance, please do not hesitate to contact us on:

- **01306 873243** and ask for the claims department, or
- by email to [individual.claims@unum.co.uk](mailto:individual.claims@unum.co.uk).

You may also contact us at any time to check on the progress of your claim.

# Step 1 – Making a claim

## Contact us for a claims pack

If you need to make a claim, the first step is to contact us on 01306 873243 or by email to [individual.claims@unum.co.uk](mailto:individual.claims@unum.co.uk) to request a claims pack.

To help you through the process, we will assign a Claims Assessor to look after your claim. They will send you a claims pack for completion by you, your employer (unless you are self-employed), and a form to give to your General Practitioner requesting a copy of your medical records. They will also contact you if we need any further information and will be on hand to answer any questions you may have.

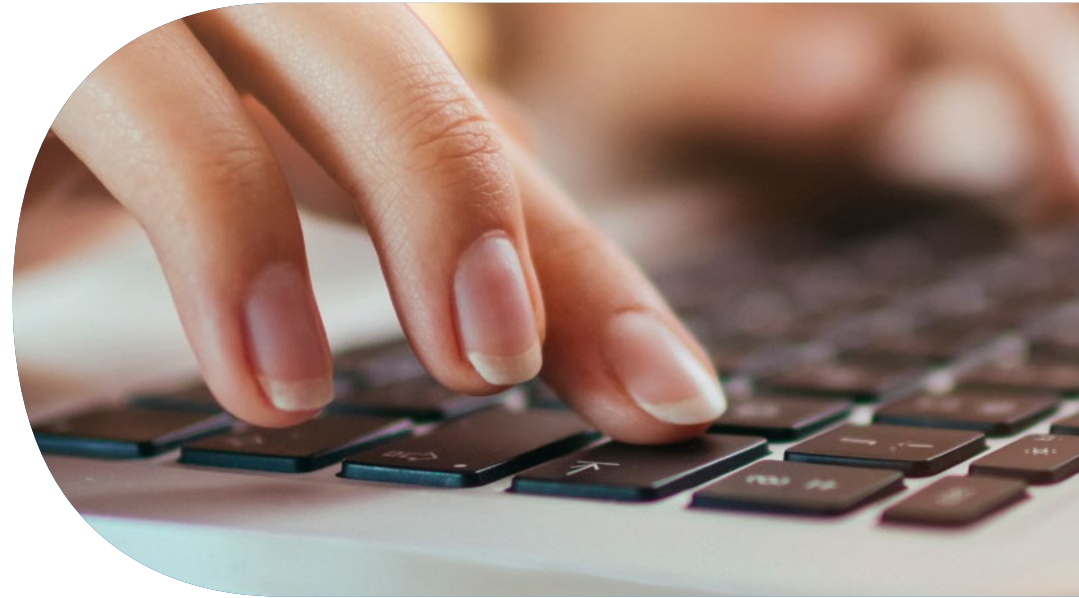
## Complete and return the forms

**It is very important that we receive your completed claim forms well before the end of the deferred period (shown on your Policy Schedule).**

This will help to us to make an immediate review of your situation and start the assessment process.

You can submit a claim as soon as you experience an illness that is covered by your Policy. To allow us to assess your claim in a timely manner, please ensure that you notify us of your claim by submitting a fully completed claim form, within the following time limits:

- 2 weeks of becoming incapacitated if the deferred period on your Policy is 4 weeks;
- 4 weeks of becoming incapacitated if the deferred period on your Policy is between 8 - 13 weeks; or
- 10 weeks of becoming incapacitated if the deferred period on your Policy is in excess of 13 weeks.



If you do not submit your fully completed claim form within the timescales set out above, we may encounter difficulties in obtaining all of the evidence required to accurately assess your claim. Any delays could result in us being unable to assess your claim on time. We endeavour to obtain all of the evidence required to assess your claim. Please also be aware that under the Terms and Conditions of your Policy, Unum may refuse an application for claim benefit where fully completed claim forms are received more than 90 days after the end of the deferred period.

# Step 1 – Making a claim (continued)

The claims pack that you will receive consists of the following forms. Please make sure that you have received all of these and contact us if you have not.

## Benefit application form

This form asks for your personal details, together with details of your illness or injury. Also included is the Claims Consent form, that you need to sign. This gives us your permission to obtain medical evidence, including copies of your medical records.

We will also ask you to send in additional documents, including your birth certificate, proof of identity (passport or driving licence), proof of any change of name (if relevant) and evidence of earnings.

## Occupational Questionnaire

This asks for details of the occupation you were following immediately prior to your illness or injury. If you are employed, you will need to send this form to your employer, who will then return it to us. If you are self-employed please complete the form and send it directly to us once fully completed.

## Request for copies of medical records

This is a form that you need to give to your General Practitioner together with a copy of the consent – who will return the requested information to us.

We may also ask for you to attend an independent medical examination or functional capacity assessment, prepared by a specialist who has not previously treated you.

A functional capacity assessment is an objective measure of an individual's ability to perform a series of activities including lifting, reaching, stretching, standing, kneeling and walking. The tests are designed with your safety in mind and you will not be asked to do anything which may cause discomfort.

## Step 2 – Processing your claim

We will process your claim as soon as we receive the fully completed forms. However, as you will appreciate, collecting all the medical evidence can take some time and we have to rely on people in the medical profession to reply promptly. Unfortunately, we do sometimes encounter delays in obtaining all the information we need.

### Gathering and paying for medical evidence

If you are receiving specialist care from a Consultant, we may ask them to provide us with detailed information from your case notes.

If your Consultant has not seen you recently, or the medical evidence is not conclusive, we may ask you to attend a further examination by your Consultant. Alternatively, or in addition, we may ask you to attend an independent medical examination and/or a functional capacity assessment. In that event, we will choose an appropriate independent specialist who has not treated you before, to undertake the examination and/or assessment.

Please note that independent medical reports are not covered by the Access to Medical Reports Act 1988. This means that the information received is confidential to the examiner and to us. If you would like to see a copy of the report you can make a written request to Unum and we will provide you with a copy in accordance with your rights under current data protection legislation.

We pay the fees for all the medical information that we have asked for, whether this is at the initial assessment of your claim or at a later review. We will also reimburse any reasonable costs incurred by you if we ask you to attend an examination by an independent medical examiner.



## Step 3 – Assessing your claim

### Your illness or injury and how it affects your ability to work

When assessing your claim we will consider your occupation immediately before the illness or injury occurred.

If your Policy covers you on an **own occupation** basis, "Occupation" means the commonly performed duties of the trade or profession usually undertaken in such a job, rather than the specific duties of your personal role, and is not restricted to one place of work.

If your Policy covers you on a **suited occupation** basis we will assess how your illness or injury affects your ability to follow your own occupation as above and in addition assess whether it would affect your ability to perform an occupation for which you have either the training, education or experience to perform.

Please refer to your Policy Schedule for details of the occupation basis cover that is provided by your Policy. If you are unsure which applies please contact us on **01306 873243** or by email to [individual.claims@unum.co.uk](mailto:individual.claims@unum.co.uk). We will use all the medical evidence available to us to determine how your illness or injury affects your ability to follow your occupation.

**It is important to note that diagnosis of a condition does not necessarily mean that you cannot follow your insured occupation.**

We will then determine whether your duties could be reasonably modified or omitted in order to allow you to continue working.

Please note that employers are obliged under the Equality Act 2010 to provide reasonable adjustments in the workplace to enable employees to continue working if they suffer from an illness or injury.

At this stage we decide whether or not to accept your claim.

### How your earnings relate to the benefit payable

Your Policy is designed to help replace a proportion of your lost income and not to provide you with a higher income than you received when you were working. Upon acceptance of your claim, we will pay the insured benefit amount, as shown on your Policy Schedule, subject to this not exceeding the limitation of benefit, which shall be 50% of your insured earnings. The limitation of benefit figure is calculated using your insured earnings and takes into account certain types of other income that you continue to receive, such as:

- Benefit under any other illness or injury policies, except those that pay benefit for a maximum of two years;
- Earnings that you continue to receive from any employment, trade, profession or vocation; and
- Any retirement pension that you receive because of incapacity, such as an ill health early retirement pension, calculated before exchange of any part of the retirement pension for cash payment.

However, we will exclude from the benefit limitation calculation the following:

- Any pension where we have received satisfactory proof that you are totally and permanently incapacitated.
- Any other pension you are receiving at the time your incapacity starts.



## Step 3 – Assessing your claim (continued)

### Disability Plus (Personal Income Replacement Only)

If you selected this option when you started your Policy, and you have been receiving benefit under your Policy continuously for 2 years or more, you may be eligible for this additional benefit. To qualify you need to demonstrate that your illness or injury stops you from doing a number of day-to-day activities. These activities are shown in your Policy Terms and Conditions.

**If this option was selected at the start of the policy, we will automatically send you a questionnaire to determine your eligibility for this benefit when we review your claim (please see page 8).**

### Paying benefit for a known period of incapacity

If you expect to recover from your illness or injury and return to work within a given period, we will accept liability for this limited period subject to us receiving sufficient medical evidence to support your claim, after which benefit payments will stop. If you recover earlier than this, you should tell us immediately so that payments can be adjusted accordingly. If you do not expect to recover within the stated period, we need you to tell us as soon as possible so that we can consider extending your benefit payments. Any delay could affect the timing of any additional benefit payments.

### Claims that we do not accept or stop

Please refer to your Policy Terms and Conditions for details of why we might not accept your claim or why we might stop it.

If we do not accept your claim or decide to stop it, we will tell you and explain why. Our letter confirming the decision will also include the details of the complaints procedure. Our Chief Medical Officer may also write to your treating medical practitioner explaining the reasons for our decision.

### Benefit payments

Benefits are payable following the end of the deferred period and are paid monthly in arrears directly into your bank account.

### Reviewing your claim

We will regularly review your claim and will request any information we need to do this. When we review your claim we will normally send you a new form to complete. We may also request further information from your Consultant or General Practitioner to support our review. In some circumstances your Consultant may wish to see you again.

We may also require that you attend a further medical examination or functional capacity assessment by our chosen specialist if we think this is necessary.

### Rehabilitation

Our expert Vocational Rehabilitation Consultants may be able to help you in your efforts to get back to work, either in your own occupation or in a suitable alternative. Although you may not be able to resume your original occupation on a full-time basis, you may recover sufficiently to be able to work part time.

Alternatively you may be able to take a different job on lower earnings. In these circumstances a proportionate benefit may be payable, so you do not suffer financially as you make a step towards rehabilitation. Precise details of how we calculate proportionate benefits can be found in the Benefits section of your Policy Terms and Conditions.

**It is very important when benefit is being paid on this basis that you tell us about any increases or reductions in your earnings, so the benefit can be adjusted before incorrect payments occur.**



## Complaints

If you are not completely happy with our service or a claims decision, you can make a complaint to our Complaints Team directly.

**Phone:** 01306 644761

**Email:** [complaintsuk@unum.co.uk](mailto:complaintsuk@unum.co.uk)

**Letter:** Complaints Team  
Unum  
Milton Court, Dorking, Surrey  
RH4 3LZ

Please include your preferred contact details.

We will do our best to resolve your complaint, but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS). Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied you will have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response Letter. Please note that some cases may not be eligible for referral to the FOS.

The Financial Ombudsman Service  
Exchange Tower  
London  
E14 9SR

**Consumer helpline:** 0800 023 4567

**For mobiles:** 0300 123 9 123

**Email:** [complaint.info@financial-ombudsman.org.uk](mailto:complaint.info@financial-ombudsman.org.uk)

**Web:** [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk)

## About Unum

Unum is a leading employee benefits provider offering financial protection through the workplace including: Income Protection, Life insurance, Critical Illness, and Dental cover.

Our Income Protection customers have access to medical and vocational rehabilitation expertise designed to help people stay in work and return to work following illness and injury. Unum LifeWorks, our Employee Assistance Programme, provides help and advice on a range of work/life issues.

Our Critical Illness customers can access our Cancer Support Service, providing personalised support for employees with a cancer diagnosis.

We are committed to workplace wellbeing for both employees and employers, and have a wide range of tools designed to help businesses create or enhance their employee wellbeing strategy.

At the end of 2017, Unum protected over 1.6 million people in the UK and paid claims of £306 million - representing in excess of £5.9 million a week in benefits to our customers – providing security and peace of mind to individuals and their families.

Unum Group has a financial strength rating of A (Excellent) from A.M Best with a stable outlook.

Our parent company, Unum Group, is a provider of employee benefits products and services in the United States, including group and individual disability insurance. Premium income for Unum Group and its subsidiaries totalled \$8.6bn in the year ended 31 December 2017, with reported revenues for the group totalling \$11.3bn and total assets of \$64bn. For more information please visit [www.unum.co.uk](http://www.unum.co.uk).

Unum Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Unum Dental is a trading name of Unum Limited. Registered in England 983768.