

# How to make a claim

Individual Income Protection

Essential Ability Cover

# How to make a claim

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# Introduction

**The purpose of your Essential Ability Policy is to provide you with a regular income benefit during a long-term illness or injury. This monthly 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 a financial benefit until you recover and no longer satisfy the claims criteria (known as the Abilities Test), until you die, or until the expiry of the policy - whichever happens first. Where a claim is made under the Mental Health Policy Test, the financial benefit will be payable for a maximum of two years.

Please note that the Abilities Test (described in more detail on page 8), is based on a series of specific activities rather than your ability to work.

This guide explains how to make a claim, how we will process your claim and what medical evidence we may need.

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 detail, what is and what is not covered.

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 and your General Practitioner. 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).

### Request for copies of medical records

This is a form that you need to ask your General Practitioner to complete and return to us.

We may also ask you to attend an independent medical examination or a functional capacity or cognitive 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 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 you

We use the Abilities Test (see page 8) to establish whether you are eligible for benefit. This is designed to assess your physical or mental health depending on your illness or injury. Both aspects of the test are explained on the next page. We will pay benefit if you satisfy either the Physical or the Mental Health Test.

Under the Physical Test we'll look at your ability to do 3 of 11 activities at any given time with the exception of the sight test where you will qualify for benefit if you cannot satisfy this test on its own. Under the Mental Health Test we'll obtain evidence from a consultant psychiatrist or psychologist, where you have one.

In either case we'll need evidence that a registered medical practitioner is supervising you. We'll also need confirmation that all suitable treatment options have been investigated. We might ask you to attend an examination or undergo tests at our expense.

If you are claiming under the Physical Test where your symptoms are self-reported, or under the Mental Health Test, then the benefit will be payable for a maximum total of 24 monthly benefit payments. By 'self-reported' we mean the symptoms of a condition, as described to a doctor, that are not verifiable by tests or standard clinical procedures. Examples of self-reported symptoms include, but are not limited to, headaches, pain, fatigue, stiffness, soreness, ringing in the ears, dizziness, numbness, or loss of energy.

We will use all the medical evidence available to us to determine the extent to which you satisfy the Abilities Test - in other words, the extent of your illness or injury.

**It is important to note that our assessment will be based on the Abilities Test and not on your ability to work or perform any occupational duties you may have.**

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

## Step 3 – Assessing your claim (continued)

### The Abilities Test

#### The Physical Test

You will be considered incapacitated if you cannot perform 3 of the following 11 tests at any given time:

**Sitting** – Sit on a hard backed chair which has no arms and maintain your posture unaided for 30 minutes.

**Getting up from a chair** – Stand up unaided from a seated position on a hard backed chair which has no arms.

**Walking** – Walk unaided for 200 metres without stopping.

**Lifting** – Use one hand to lift a 2 litre carton of milk from counter height. (Both arms must be disabled to satisfy this test.)

**Walking up or down stairs** – Walk up or down a flight of 13 stairs without a handrail unaided and without stopping.

**Bending, kneeling or squatting** – By any combination of bending, kneeling or squatting, touch the floor and stand up again using support if necessary.

**Using your hands** – Use one hand to turn a tap or cooker knob. (Both hands need to be disabled to satisfy this test.)

**Using your arms** – Reach behind you and put on a sleeved coat or jacket.

**Performing light duties** – Stand for 10 minutes and wipe down a kitchen worktop or table using support if necessary.

**Driving** – You will meet this test if you are unable to drive due to having had your ordinary driving licence removed by the DVLA for medical reasons.

**Seeing** – To meet this test means having a corrected vision, as measured by an optician or ophthalmologist, of 6/60 or worse in both eyes. Corrected means with the use of normal visual aids such as glasses. 6/60 vision means being limited to seeing an object at 6 feet that could be seen with normal vision at 60 feet. Failing the ‘sight’ test on its own qualifies you for a claim.

#### The Mental Health Test

You will be regarded as incapacitated if you suffer serious symptoms of mental illness or any serious impairment in social or occupational functioning.

You will satisfy the test where you are certified with a GAF Scale score of under 51 by a consultant psychiatrist or psychologist.

- You will be assessed in a setting appropriate to the task. Any equipment will be of an average and modern standard and meet with general safety standards. A doctor should specify if a reasonable adjustment means you could complete the task.
- You should be able to do any activity at a reasonable pace and in a reasonably safe way without having to stop or change position because of severe discomfort.
- The tests relate to your ability to undertake the task, not necessarily your performance level.
- **If you were already unable to perform one of the tests before your Policy started it will be excluded from being used as grounds for incapacity.**

## Step 3 – Assessing your claim (continued)

### The maximum benefit you may receive

The full benefit amount is stated in your Policy schedule or subsequent endorsement detailing the maximum amount that might be paid in the event of a claim.

### 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 stop it.

If we do not accept your claim or 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.

Please note that payment of benefit does not depend upon your ability to work and the amount you can claim is not affected by any earnings you continue to receive.

If we accept your claim, benefit will continue to be payable in line with the Terms and Conditions of your Policy provided that you continue to satisfy the Abilities Test.

### 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 contact you for an update. We may send you a new claims pack 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 request for you to attend a further medical examination or functional capacity assessment by our chosen specialist if we think this is necessary.

## 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).

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