



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. If you have any questions or need help completing any section, please call us on 01306 873243 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 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
- 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), 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

Please note bills or statements printed off the internet are not acceptable.

- Utility bills dated within the last 3 months
- Current bank statements or credit/debit card statements issued in the UK
- Current council tax demand, letter or statement
- Most recent mortgage statement issued by a recognised lender

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.

Please leave this space blank

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"/>		
	<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"/>		
	<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

Group	Base cover	Extra cover
<p>Cancer</p>	<p><input type="checkbox"/> Cancer - excluding less advanced cases</p> <p>Cancer support service We offer a personal support service for our Critical Illness members who are diagnosed with cancer. The service is provided by Harley Street Concierge Limited (HSC) at no extra cost. If you would like someone from HSC to contact you, please tick this box <input type="checkbox"/></p> <p>If you would like more information, please see our leaflet: Unum Group Critical Illness- Cancer support service available at: www.unum.co.uk/group-critical-illness-insurance</p>	
<p>Heart and circulatory diseases</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"/> Cardiac arrest - with insertion of a defibrillator</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>Organ failure</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>
<p>Diseases of the brain and central nervous system</p>	<p><input type="checkbox"/> Creutzfeldt-Jakob disease - resulting in permanent symptoms</p> <p><input type="checkbox"/> Dementia including Alzheimer's disease - resulting in permanent symptoms</p> <p><input type="checkbox"/> Motor neurone disease - resulting in permanent symptoms</p> <p><input type="checkbox"/> Multiple sclerosis - with persisting symptoms</p> <p><input type="checkbox"/> Parkinson's disease and Parkinson plus syndromes - resulting in permanent symptoms</p>	<p><input type="checkbox"/> Bacterial meningitis - resulting in permanent symptoms</p> <p><input type="checkbox"/> Benign brain tumour - with permanent symptoms or specified treatments</p> <p><input type="checkbox"/> Benign spinal cord tumour - with permanent symptoms or specified treatments</p> <p><input type="checkbox"/> Coma - with associated permanent symptoms</p> <p><input type="checkbox"/> Encephalitis - resulting in permanent symptoms</p>

Group	Base cover	Extra cover
Respiratory diseases	<input type="checkbox"/> Lung transplant - from another donor	<input type="checkbox"/> Respiratory failure - of specified severity
Accidents		<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
Terminal Illness		<input type="checkbox"/> Terminal illness - where death is expected within 12 months
Disability		<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

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

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

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