



# Group Critical Illness - Employer claim form

Please complete all sections as fully as possible using black ink. If you are in any doubt as to whether you need to disclose a particular fact to us, please state it in full.

Completed forms and accompanying documents can be sent to: Claims Dept, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.

You can also email forms and documents to: [DorkingClaimsAdmin@unum.co.uk](mailto:DorkingClaimsAdmin@unum.co.uk)

If you have any queries about completing this form, please call us on 01306 873243.

For more information on our Critical Illness cover, please see our leaflet - [Critical Illness cover from Unum](#) - which can be found on our website.

If the claim is for a diagnosis for cancer, we offer a personal support service – available at no extra cost – provided by Harley Street Concierge Limited (HSC). For more information, please see our leaflet [Unum Group Critical Illness - Cancer support service](#) – which can also be found on our website. (See page - [www.unum.co.uk/group-critical-illness-insurance](http://www.unum.co.uk/group-critical-illness-insurance).)

Please note: As part of the claims process, one of our Claims Management Specialists may telephone the employee directly. The purpose of this contact is to gather information to help us make a decision as early as possible. Please be assured that no policy details will be discussed unless agreed with you.

## Scheme details

Full name of employer	<input type="text"/>
Policy number	<input type="text"/>

## Employee details

Full name of employee	<input type="text"/>
Date of birth	<input type="text"/>
Life ID (if known)	<input type="text"/>
Occupation	<input type="text"/>
Date joined company	<input type="text"/>
Date joined scheme	<input type="text"/>
Salary	£ <input type="text"/>

Please leave this space blank

## Is this claim for:

The employee

The employee's spouse/partner

The employee's child

## Spouse/Partner/Child details (if applicable)

Full name of spouse/partner/child

Date of birth

## Claim details

Critical illness diagnosis

Date of diagnosis

Benefit claimed

## Declaration (to be completed by an authorised company signatory)

I declare that all statements made are true and complete to the best of my knowledge and belief, and I have disclosed all information relevant to this claim for benefit.

**I understand that if any information provided is found to be deliberately misleading or if I fail to provide all relevant information, this claim may be rejected and the insurer may be entitled to keep any premiums paid.**

Signed  Date

Full name

Position in company

[unum.co.uk](http://unum.co.uk)

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We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of service we provide.