

Group Income Protection Employer's Claim Form



Policyholder details

Policy number

Name of scheme

Employee details

Employee Name

Date of birth

Employee address

Postcode

Employee telephone number

Employee work email address

Employee personal email address

Eligibility questions

If you have confirmed the employee's date of birth for employment or pension scheme purposes, please tick here

Alternatively, **please enclose the proof of age documents (see back page)**

Date employee first became unable to work

Has the employee been absent for the same reason in the last 12 months? **If yes, please enclose absence records**

Yes

No

Date joined company

Date joined scheme

Is the employee on a fixed-term contract?

Yes

No

If yes, please tell us when the contract ends

Has employment been terminated?

Yes

No

If yes, on which date?

Where pension membership is part of the scheme's eligibility, we will also require the following information

Date eligible to join company pension scheme

Date joined company pension scheme

Work details

To be completed by the most appropriate person - ie. line manager/HR representative.

Please enclose a copy of the employee's job description.

Employee's job title	<input type="text"/>
What are the employee's normal weekly contractual hours?	<input type="text"/>
Basic annual salary prior to incapacity	<input type="text"/>
Earnings as per the policy earnings definition (if different)	<input type="text"/>
Is travel a requirement of the role? (Excluding travel to and from work)	<input type="text"/>
Employee workplace location	<input type="text"/>

If the job description does not give a clear explanation of the duties, please describe the main duties of the employee's job, including any essential skills - eg. problem-solving/ communication/ attention to detail/ decision-making etc.

Absence details

1. Has the employee been assessed by an Occupational Health Provider? Yes No
If yes, please provide copies of available Occupational Health Reports

2. Has a return to work date been discussed or agreed, or is the employee already working on an amended basis? **If yes, please give brief details** Yes No

3. Were/are there any other factors or reasons impacting the employee's absence – eg. work place issues, disciplinary, family circumstances etc.? **If yes, please give brief details** Yes No

if you want to provide any additional information please use this space

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