

Executive Income Replacement Plan

How to make a claim

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Introduction

The purpose of your policy is to provide selected employees with a regular income during a long-term illness or injury that prevents them from working. This monthly benefit is payable in addition to any State benefits that your employee receives.

After your employee has been incapacitated for a certain length of time (called the “deferred period” - shown on your Policy Schedule) benefits will start to be paid to you, their employer. Assuming your employee meets the requirements set out in your policy Terms and Conditions, we will pay you benefit until they are fit enough to return to work, until they 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. It also describes the role and service provided by our Vocational Rehabilitation Consultants.

It is important that you and your employee read this guide in conjunction with your policy Terms and Conditions and Key Features (or Key Facts) document as they cover, in more precise detail, what is and 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 individual claims department, providing us with your name, date of birth and your policy number. You may also contact us at any time to check on the progress of your claim.

Step 1 - Making a claim

Call us for a claims pack

If you need to make a claim, the first step is to contact us on **01306 873243** or email DorkingClaimsAdmin@unum.co.uk and provide us with your name, date of birth and your policy number.

To help you through the process, we will assign a Claims Management Specialist to look after your claim. They will send you a claims pack for completion by you and your employee, and a form to give to your employee's General Practitioner which will request a copy of your employee's medical records. They will also contact you or your employee if we need any further information, and will be on hand to answer any questions you or your employee may have. **Please note that we will respect your employee's right to confidentiality at all times.**

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

Ideally, we would like to receive your claim forms within:

- 2 weeks of becoming incapacitated if the deferred period on your policy is 4 weeks;
- 4 weeks of becoming incapacitated for deferred periods of 8 and 13 weeks; or
- 10 weeks of becoming incapacitated for longer deferred periods.

If you delay submitting your claim forms we might not be able to pay your claim on time, as the later your claim is submitted, the more difficult it is for us to collect the medical evidence we need.

Please note that under the terms of the policy, we are entitled to refuse applications for benefit where claim forms are received more than 90 days after the end of the deferred period.

Step 1 - Making a claim (continued)

The claims pack consists of the following forms:

Benefit application form

This form asks for your employee's personal details, together with details of their illness or injury. Also included is the Consent form, giving us their permission to obtain medical evidence, including copies of their medical records.

Occupational questionnaire

This asks for details of the occupation your employee was following immediately prior to their illness or injury. You (their employer) will need to complete this form and return it to us.

Request for copies of medical records

This is a form that your employee will need to give to their General Practitioner together with a copy of their consent. Your employee's G.P should then complete the form and return it to us.

We may also ask for a medical examination or functional capacity assessment, prepared by a specialist who has not previously treated your employee.

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 employee's safety in mind and they 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 completed claim forms. However, as you will appreciate, we have to rely on people in the medical profession to reply promptly and collecting all the medical evidence can take some time. Unfortunately, we do sometimes encounter delays in obtaining all the information we need.

Gathering and paying for medical evidence

If your employee is receiving specialist care from a Consultant, we may ask them to provide us with detailed information from their case notes. If the Consultant has not seen them recently, or the medical evidence is not conclusive, an examination may be required either by their Consultant or an independent Medical Examiner who will be appointed by us.

In the event that we do ask them to have a medical examination and/or a functional capacity assessment, we will choose an appropriate specialist, who has not treated them before, to undertake the examination and/or assessment.

Please note these 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. However, your employee may ask to see the report, in which case we will send a copy to their General Practitioner, who will be able to discuss it with them.

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 your employee if we ask them to attend an examination by a specialist.

Step 3 - Assessing your claim

Your employee's illness or injury and how it affects their ability to work

When assessing your claim we will consider the nature of your employee's occupation immediately before their illness or injury occurred.

"Occupation" means the commonly performed duties of the trade or profession usually undertaken in such a job, rather than the specific duties of your employee's personal role, and is not restricted to one place of work.

We will use all the medical evidence available to determine how their illness or injury affects their ability to follow their occupation. **It is important to note that diagnosis of a condition does not necessarily mean that they cannot follow their usual occupation.**

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

Please note that employers are now obliged under the Disability 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.

Step 3 - Assessing your claim (continued)

How your earnings relate to the benefit payable

Your policy is designed to help replace the earnings of an employee while maintaining a sufficient incentive for them to return to work. For this reason your policy has a Limitation of Benefit clause, which allows a maximum benefit of 80% of their gross earnings before tax. Gross earnings are explained in greater detail in the Definitions section of your policy Terms and Conditions. We then deduct the following from the benefit:

- Other sickness or accident policies held by your employee where benefit is payable for more than two years
- Income that you continue to receive from any trade or profession, or
- Any Early Retirement Pension they receive as a result of their illness or injury.

Please note that an Early Retirement Pension would not be deducted from the total if we consider the employee to be totally and permanently unable to follow any occupation.

If the insured benefit shown in your Policy Schedule is higher than the maximum benefit allowable, the claim payment will be reduced to the maximum benefit figure. If the benefit insured is lower than the maximum benefit, the payment will be limited to the benefit insured. We therefore recommend that you review the cover with a Financial Adviser regularly. This not only ensures that the benefit provided by the policy is appropriate in relation to your employee's earnings, it also ensures that you do not pay a higher premium than you need to.

Step 3 - Assessing your claim (continued)

Disability Plus

If you selected this option for your employee when you started your policy, and you have been receiving benefit continuously for 2 years or more, you may be eligible for this additional benefit. To qualify you need to demonstrate that their illness or injury stops them from doing a number of specified day-to-day activities. These activities are documented 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 establish whether your employee is entitled to this benefit when we review your claim (please see page eight).

Paying benefit for a known period of incapacity

If your employee expects to recover from their 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 they recover earlier than this, you should tell us immediately so that payments can be adjusted accordingly. However, if they do not recover within the stated period, we need you to tell us so that we can consider extending your benefit payments.

Claims that we do not accept or stop

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 details of the complaints procedure. Our Chief Medical Officer may also write to you and your employee's General Practitioner explaining the reasons for our decision. Please note that we will respect your employee's right to confidentiality at all times.

Step 3 - Assessing your claim (continued)

Benefit payments

Benefit is always paid to you (the employer) one month in arrears.

You should then make corresponding payments to the employee through your payroll (PAYE) system, where appropriate deductions for Income Tax and employee National Insurance contributions will be made. If you have also insured employer's National Insurance, pension and approved life insurance contributions in respect of the employee, you should also deduct these from the benefit before paying it to them.

Each benefit payment will be paid directly into your bank account.

Reviewing your claim

All claims are reviewed from time to time. If your employee's medical condition is expected to improve within a certain time, then the review will be carried out during this time.

When we review your claim we will normally send you a new form to complete. We may also request further information from your employee's Consultant or General Practitioner to support the review. In some circumstances their Consultant may wish to see them again. We may also request a further medical examination or functional capacity assessment by our chosen specialist if we think this is necessary.

Step 3 - Assessing your claim (continued)

Rehabilitation

Our expert Vocational Rehabilitation Consultants may be able to help your employee in their efforts to get back to work, either in their own occupation or in a suitable alternative. Although they may not be able to resume their original occupation on a full-time basis, they may recover sufficiently to be able to work part time. Alternatively they may be able to take a different job on lower earnings.

In these circumstances a proportionate benefit will be payable, so they do not suffer financially as they 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 employee's earnings, so benefit can be adjusted before incorrect payments occur.

Complaints

If you are not satisfied with the way in which we have handled your claim then please write in the first instance to:

Customer Resolution Team
Unum
Milton Court
Dorking
Surrey
RH4 3LZ

If you are not satisfied with our response then you can complain to:

Financial Ombudsman Service
Exchange Tower
LONDON
E14 9SR

About Unum

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

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 also 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 2016, Unum protected over 1.4 million people in the UK and paid claims of £293 million - representing in excess of £5.5 million a week in benefits

to our customers - providing security and peace of mind to individuals and their families. Unum Dental paid claims of over £11 million, ensuring more than 160,000 people had healthy teeth and gums.

Unum Limited has a financial strength rating of A- (Strong) from Standard & Poor's 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 \$8.4bn in the year ended 31 December 2016, with reported revenues for the group totalling \$11bn and total assets of \$61.9bn. For more information please visit 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.

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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.