



How to make a claim

Individual Income Protection | **Essential Ability Cover**

How to make a claim

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How to make a claim

Introduction

The purpose of your 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 receive.

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. Assuming you meet the requirements set out in your policy Terms and Conditions, 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. Or for a maximum of 2 years under the Mental Health Test.

Please note that the Abilities Test (described in more detail on pages 8 and 9), 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 is not covered.

If you do need any further information or assistance, please do not hesitate to contact us on 01306 887766 and ask for the claims department. You may also call us at any time to check on the progress of your claim.

How to make a 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 887766**.

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 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 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.

How to make a claim

Step 1 - Making a claim continued

The claims pack consists of the following forms:

Benefit Application Form

This form asks for your personal details, together with details of your illness or injury. Also included is the Claims Processing Consent form that you need to sign, giving us your permission to obtain medical evidence, including copies of your medical records.

General Practitioner's Report Form

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

We may also ask for a 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.

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Step 2 - Processing your claim

We will process your claim as soon as we receive the 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 the Consultant has not seen you recently, or the medical evidence is not conclusive, an examination may be required either by your own Consultant or an independent Medical Examiner who will be appointed by us.

In the event that we do ask you to have a medical examination and/or a functional capacity assessment, we will choose an appropriate specialist, who has not treated you 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. If you would like to see a copy of the report you can make a written request to Unum and we will release it in accordance with your rights under the Data Protection Act 1998.

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 a specialist.

How to make a claim

Step 3 - Assessing your claim

Your illness or injury and how it affects you

We use the Abilities Test 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 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, 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 have 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 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.

How to make a claim

Step 3 - Assessing your claim continued

The Abilities Test

The physical test

You are eligible to claim if you can't do 3 of the following 11 tests at any given time:

Sitting - Sit in a hard-backed chair for 30 minutes without pain and have the ability to maintain the position without the aid of any other person, object or appliance, including the arms of the chair itself.

Getting up from a chair - Raise to a standing position from a hard-backed chair without the aid of any other person, object or appliance, including the arms of the chair itself.

Walking - Walk 200 metres at a reasonable walking pace without stopping and without the use of sticks, crutches or other assistive devices.

Lifting - Lift an unopened 2kg bag of potatoes which does not have handles from a counter with either hand using the other for support if necessary.

Walking up and down stairs - Walk up a flight of 12 stairs and walk down again within a reasonable period, without holding a rail or resting.

Bending and kneeling - Bend and kneel to pick up something light such as a newspaper or TV remote control from the floor and stand up again using support if necessary.

Using your hands - Turn taps or knobs on a cooker with either hand, not necessarily the dominant one. Tasks performed with the non-dominant hand may be performed more clumsily but the test is concerned with ability not performance.

Reaching with your arms - Reach behind you to put on a sleeved coat or jacket with either arm. To satisfy this test you must be unable to put on the coat or jacket.

The assessment will consider your ability to perform tests at home or in a public setting depending upon the task. Any equipment will be of an average and modern standard and meet with general safety standards. A doctor should specify any adjustments

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. You shouldn't be forced to stop or change position because of severe discomfort.

How to make a claim

Step 3 - Assessing your claim continued

| | The mental health test |
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| <p>Performing domestic duties - Perform light duties such as dusting, making a cup of tea or watering indoor plants for 10 minutes using either hand for support.</p> <p>Driving - Drive as a result of having your ordinary driving licence removed by the DVLA because you have suffered fits or blackouts.</p> <p>Seeing - Failing this single test entitles you to claim benefit. To meet this test you must have a corrected visual acuity, as measured by an optician or ophthalmologist of about 6/60 or worse - this means that you cannot see an object at 6 ft using visual aids such as glasses that could be seen with 'normal' vision at 60 ft.</p> | <p>If you are suffering from a serious mental or psychological illness, as defined in the policy's Terms and Conditions, your condition will need to be reviewed by a Consultant Psychiatrist and assessed using the Global Assessment of Functioning (GAF) Scale. If your GAF score is less than 51 then you will be considered as having a serious mental impairment under this Mental Health Test.</p> |
| <p>The tests relate to your ability to undertake the task, not necessarily your performance level.</p> <p>If you were already unable to perform one of the tests before your cover started it will be excluded.</p> | |

How to make a claim

Step 3 - Assessing your claim continued

The maximum benefit you may receive

The maximum benefit you can have when you start your policy is £25,000 per year. This can rise over time to a maximum of £50,000 depending on any inflation-linked increases you selected either at the start of the policy or on subsequent annual reviews.

Paying benefit for a known period of incapacity

If you expect to recover from your illness or injury 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. However, if you 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 appeals procedure. Our Chief Medical Officer may also write to your General Practitioner explaining the reasons for our decision.

Benefit payments

Benefits are payable from the end of the deferred period and are paid monthly in arrears. The first payment will be paid by cheque and all subsequent payments will be paid directly into your bank account.

Please note that your benefit will be payable as long as you continue to satisfy the Abilities Test. Payment does not depend upon your ability to work, and the amount you can claim is not affected by any earnings you continue to receive.

How to make a claim

Step 3 - Assessing your claim continued

Reviewing your claim

All claims are reviewed from time to time. If your 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 claims pack to complete. We may also request further information from your Consultant or General Practitioner to support the review. In some circumstances your Consultant may wish to see you again. We may also request a further medical examination or functional capacity assessment by our chosen specialist if we think this is necessary.

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 Feedback
Milton Court
Dorking
Surrey
RH4 3LZ

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

Financial Ombudsman Service
South Quay Plaza
183 Marsh Wall
LONDON
E14 9SR



About Unum

Unum is one of the UK's leading providers of financial protection with more than 40 years' experience.

Unum helps employers protect their workers by providing access to financial protection, safeguarding employees from the consequences of serious illness, injury or death.

At the end of 2012, Unum protected almost 2 million people in the UK and paid claims of £320 million - representing in excess of £6 million a week in benefits to our customers - providing security and peace of mind to individuals and their families.

In the UK, Unum has a financial strength rating of A- (Strong) from Standard & Poor's with a stable outlook.

Its US parent company, Unum Group, traces its history back to 1848 and is one of the leading providers of employee benefits products and services, and the largest provider of group and individual disability insurance in the United States. Premium income for Unum Group and its subsidiaries totaled \$7.7 billion in the year ended 31 December 2012, with reported revenues for the group totaling \$10.5 billion. Total assets were \$62.2 billion at 31 December 2012.

For more information please visit www.unum.co.uk.

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

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