

Group Income Protection

Employer claim form

Important Note:

Please complete this form fully and accurately, and return it to Generali as quickly as possible, as errors, omissions and delays can impair Generali's ability to assess the

claim in a fair and prompt manner.

Generali reserve the right to decline any claim where misleading or inaccurate information has been deliberately or negligently supplied.

Name of Policyholder:

Policy Number:

Policy Category:

(As per your policy document or quotation)

Contact for this Claim:

Contact name:

Position in Company:

Address:

Postcode:

Telephone Number:

Mobile Phone Number:

Email Address:

Employer's Details:

Employer's Bank name:

Address:

Postcode:

Account Name:

Account Number:

Sort Code:

Member's Details:

Title: Mr/Mrs/Miss/Ms/Dr/other:

Date of Birth:

Surname:

Sex:

Forenames:

Employee No.



Member's Details (cont.):

Address:

Postcode:

Home Telephone Number:

Mobile Phone Number:

Personal Email Address:

Membership details:

Date joined Employer:

Date joined Scheme:

Did the member join at their first opportunity?

 Yes No

If no, please explain the reason for the delay:

Employment details:

Occupation:

Employment location or site:

Precise Duties:

What are the contractual weekly hours for this occupation?

 Hours

How many hours per week was your employee working prior to incapacity?

 Hours

Was the employee working full time hours prior to absence

 Yes No

If No, please give full details:

Working environment (e.g. office, factory, laboratory etc.):

Are any environmental factors contributing to the employee's absence?

 Yes No

If yes, please give full details:



Employment details (cont.):

Does the member have managerial/supervisory responsibilities?

 Yes No

If yes, please give full details:

Please describe the physical demands of the job:

What skills, qualifications or experience is required to perform the occupation?

Does your employee's job involve any of the following?

Driving a car

Driving a van

Driving a heavy goods vehicle

Walking

Prolonged periods in one posture

Climbing ladders

Climbing stairs

Bending

Reaching/stretching

Crawling/kneeling

Lifting items in excess of 25kg

Lifting/moving bulky items

Frequent lifting of smaller/lighter items

Working with hazardous/toxic materials

If you answer yes to any of the above, please give full details.



Employment details (cont.):

Was the employee able to carry out their job to the required standard?

 Yes

 No

If no, please give full details:

How would you describe your employee's relationship with their colleagues, supervisors and peers?

 Excellent

 Good

 Fair

 Poor

Please expand further on this answer:

How would you describe your employee's interest and motivation in their occupation?

 Excellent

 Good

 Fair

 Poor

Please expand further on this answer:

Did you have any concerns about your employee's attendance during the year prior to the current period of absence?

 Yes

 No

If yes, please give full details:

Were there any significant changes in duties or performance in the 6 months prior to this absence?

 Yes

 No

If yes, please give full details:

Are any significant changes to the role expected in the near future?

 Yes

 No

If yes, please give full details:



Employment details (cont.):

Does the employee's job still exist?

 Yes No

If yes, how long will it remain open? If no, please expand further:

Are you in regular contact with the employee?

 Yes No

Please give full details:

Claim Details:

Date first absent:

Salary at date first absent:

Please provide full details of absences in the past 12 Months:

Tax Code:

Pension Fund Contributions:

 % Employer % Employee

National Insurance Contributions:

 Contracted In Contracted Out

Nature of Incapacity:

Please describe what duties the employee is unable to carry out and why:

Are there any other factors affecting your employee's absence from work such as any grievance or disciplinary process?

 Yes No

If yes, please give full details:



Claim Details (cont.):

When are you expecting the employee to return to work? Please give full details:

Has the employee undergone any type of Occupational Health assessment?

 Yes No

If yes please provide copies of all available OH notes:

Has the employee worked in any capacity since the date first absent?

 Yes No

If yes, please give full details:

Have any adjustments been made to the employee's role (either within the scope of the DDA or otherwise)?

 Yes No

If yes, please give full details:

Any other comments/relevant information:



Claim Details (cont.):

In order to assist us with potential rehabilitation initiatives, please attach a copy of the employee's CV if possible. We also require proof of age/identity of the employee - sight of their passport is preferred.

CV attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Job description attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of age attached?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

A photocopy of the employee's Driver's Licence or Passport will be sufficient.

DECLARATION

We confirm that the information contained in this form is accurate and complete to the best of our knowledge and belief, and we undertake to advise you of any errors or omissions as soon as they become apparent. We understand that by issuing this form, or by starting the claims process, or by accepting proofs of claim, you shall not be held to admit the validity of any claim nor to have waived any rights of defence in this respect and no liability will be accepted by you until confirmed in writing by authorised officers of Assicurazioni Generali S.p.A.

We undertake to advise Assicurazioni Generali S.p.A. of any change in the member's circumstances, including (but not limited to) any change in their state of health or medical condition, change of address, change in employment status, or the undertaking of any work (whether paid or unpaid).

We authorise Assicurazioni Generali S.p.A. to undertake any enquiries deemed necessary to assess the claim and/or assist us with the management of the absence.

**When you are ready to submit this document please print it, sign it and return it to Generali.
You can email this form to groupclaims@generali.co.uk - send by fax to +44 (0) 207 265 6102
- or send by post to: Claims Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

SIGNATURE:

DATE:

NAME:

POSITION:

Assicurazioni Generali S.p.A. UK Branch 100 Leman Street London E1 8AJ

Company incorporated in Trieste in 1831 - Share capital €1,556,873,283 fully paid-up - Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy
Italian tax identification and companies registry number 00079760328 - Authorised by Istituto per la Vigilanza sulle Assicurazioni (IVASS)
Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003
Parent company of Generali Group and entered in the IVASS Register of insurance groups under no. 026
UK company registration no. BR1185

