

# Group Income Protection

## Absence Information Template

### Important Notes:

This form should be completed by the employer, or their appointed representative, when a member of the scheme has been continuously absent from work, or working at reduced capacity, for greater than 4 weeks. It is a condition of the Policy that absences are notified as early as possible, in order that the Generali Claims Management Team can assist you in managing the absence and fairly

assess the claim. Following receipt of this form, Generali will confirm whether any Early Intervention support services might be available to support the employee's recovery. If your employee has been absent for more than 12 weeks, or half their deferred period (whichever is later), please do not use this form and instead contact Generali for guidance.

### Member's Details

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

Date of Birth:

Surname:

Forename:

Employer:

Occupation:

### Absence Record

Date current absence began:

Employee is currently working

Full  
hours

Reduced  
hours

Not  
working

Dates of related periods of absence or reduced working in the last 12 months:

	Start date of related absence	End date of related absence
1.		
2.		
3.		
4.		

### Absence Details

Diagnosis / reason for absence:

How long has the employee had this medical condition?

Please describe any workplace issues contributing to this absence:

e.g. stress around workloads, issues with colleagues etc ..

Please describe any other factors contributing to this absence:

e.g. providing care to family, divorce, bereavement etc ..

Has the employee been seen by Occupational Health?  
(If YES, please provide all OH reports)

Yes

No

Has a return to work date been agreed?

Date:

### Treatment Details

Has the employee consulted their GP?

Yes

No

What support or treatment has the employee previously received / is currently receiving?

e.g. physiotherapy, counselling etc ..

Does the employee have access to treatment Private Medical Insurance or other support avenues?

Yes

(If YES, please provide details)

No

Any other background information you'd like to provide:

## How We Use Personal Data

You and your members can see how Assicurazioni Generali S.p.A UK Branch uses personal data by visiting [www.generali.co.uk/Info/Privacy-Information](http://www.generali.co.uk/Info/Privacy-Information) or contacting our Data Protection Officer by emailing [privacy@generali.co.uk](mailto:privacy@generali.co.uk) or writing to The Data Protection Officer, Assicurazioni Generali S.p.A UK Branch, 4 Thomas More Square, London E1W 1YW.

## Declaration

We confirm that: (1) 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. (2) we have all necessary permissions to provide the personal data in, or in connection with, this form to you; and (3) in accordance with applicable national data protection laws, we have given sufficient information to each member in order for them to understand: (i) what personal data is shared with, and for how long it is retained by, Assicurazioni Generali S.p.A., (ii) the purpose of such sharing and (iii) the identity of Generali or a description of the type of employee benefits organisation (such as Generali) with whom data is shared.

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 [earlyintervention@generali.co.uk](mailto:earlyintervention@generali.co.uk)**

Signature:

Date:

Name:

**Assicurazioni Generali S.p.A. UK Branch, 4 Thomas More Square, London E1W 1YW**

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GIP EI NOA 0322 GENERALI UK EMPLOYEE BENEFITS

