

Group Income Protection Claims Philosophy

The Generali approach to effective Claims Management

At Generali our philosophy is to build long-term relationships with our clients through innovative insurance solutions, competitive pricing and excellent customer service. We appreciate that people make all the difference to the success of your business - success that could be put at risk by the long-term absence of valued personnel. Losing an employee for any length of time brings with it extra workload, financial strain and uncertainty for all concerned. Through our claims management service we can minimise the overall effects of long term absence.

We provide:

- Assistance managing absence more effectively through early intervention;
- Efficient claims management and assessment using our vast experience and deep understanding of paying valid claims and encouraging workplace reintegration where appropriate;
- One-to-one HR support including process workshops, regular reviews and provision of management information;
- Assistance in fulfilling the Employer's duties under the Equality Act 2010;
- Effective direct and indirect cost control;
- Access to a network of highly skilled professional service providers;
- Greater awareness of health issues; and
- Alternative financial solutions.

Communication is key

Open lines of communications are essential and notification by week 6 of absence is greatly encouraged so that opportunities for treatment and rehabilitation can be explored. This can also apply, where appropriate, even before absence occurs. For example, we may be able to intervene and provide treatment through our network of service providers in the absence of an Employer's Private Medical Insurance arrangement. Information and forms for absence and presenteeism notification can be found on our [website](#).

We have access to thousands of specialists nationwide via our carefully selected service providers, who include:

- **Argent Rehabilitation** - Vocational Rehabilitation and Training;
- **MDG (part of the Capita Group)** - Psychological assessments, Cognitive Behavioural Therapy and counselling;
- **Form Health Limited** - Functional capacity evaluations, to determine an individual's safe working capabilities. They also perform an innovative Chronic Pain Abilities Determination which is a functional test for Chronic Fatigue Syndrome and Fibromyalgia sufferers;
- **Active Work Solutions** - mediation, negotiation with vocational counselling, and out placement services;
- **OTAS (Occupational Therapy Assessment Services)** - occupational therapy, home and workplace visits, to offer advice regarding available local support services, recommend any assistive devices and ultimately to negotiate effective return to work programmes;
- **Health Claims Bureau** - Visiting services eg pre admission or claim form visits;
- **Albany Risk** - Surveillance and due diligence;
- **Dr Maurice Lipsedge** - Consultant Psychiatrist;
<http://www.mauricelipsedge.com/>
- **Dr John Vanhegan** - Consultant Orthopaedic Surgeon;
<http://www.medico-legal-reporting.co.uk/cv.htm>;
- **Dr CRW Gill** - Chief Medical Officer - Generali UK.

Our third party providers are monitored, audited and assessed against specific service level agreements to ensure they always contribute positively to our process. Generali UK Branch has been awarded ISO27001 certification for Information Security Management covering all interactions with clients and service providers.



Our providers also have their own internal quality assurance processes which reinforce our own focus on quality. The use of service providers brings a wealth of experience, skills and up-to-date market knowledge through their extended experience. For example some of our providers also undertake work for medical insurers, general insurers and law firms. Our providers are therefore able to offer highly specialised expertise specific to the needs of a claimant. Of course if the Employer has existing wellness programmes or providers, we are happy to integrate these into our process.

Claims process

Up to week 6 of all absences, a [Notification of Absence](#) form is completed and returned to us. We can accept written notification of absence or other forms of notification such as regular telephone conference calls with an employer regarding absentees. This should include the Employee's occupational duties and salary, together with the reason for, and duration of, the absence. The Employee need not be involved at this initial stage, so as not to raise any benefit expectation.

We regularly monitor the Employee's progress with the Employer and identify any early interventions appropriate to the individual's circumstances.

We will ultimately require full Claim Forms to be completed by both the [Employer](#) and the [Employee](#) by no later than 12 weeks before the end of the deferred period. The information requested will include the Employee's full duties, details of what is preventing them from working and their salary, etc. At this stage, the Employee will also sign a [Consent Form](#) under the Data Protection Act 1998 and a declaration under the Access to Medical Reports Act 1988, authorising us to apply for medical information from their treating doctors.

Assessment, Investigation and Ongoing Support

We will always request full information from the Employee's GP and treating specialist where one has been appointed. We can also arrange for one of our service providers to meet with the Employee and/or Employer, to gather further information to support safe reintegration into the workplace, provide additional advice on the local health and community support services, offer advice on assistive devices in the home, identify aids to help the Employee recover as fully as possible or deal with the implications of potential long term incapacity.

Depending on the circumstances surrounding the claim, we may need to obtain further objective evidence via independent medical examinations or Functional Capacity Evaluation. In the absence of any proactive treatment opportunities, we can also offer additional early intervention with physiotherapy and psychological intervention services.

Decision

Because we have provided regular updates at all stages of the claim process, we anticipate a mutual understanding of the decision. We will work with the Employer to achieve mutually beneficial outcomes for all parties on all cases, including where the definition of incapacity has not been met. Where the claim has been accepted, on either a full or partial basis, we will provide details of the amount of benefit payable and our opinion regarding the expected duration of the claim and the proposed management plan. In the event that the claim is not valid, we will always try to offer alternative solutions and help resolve matters.

Review, Rehabilitation and Reintegration into the Workplace

An effective claims management service offers support, expert advice and extensive experience on an ongoing basis. Our priority is helping restore the Employee to physical, psychological and social capability so that, wherever practicable, they can be reintegrated into their former position, or an alternative role, within the workplace. Central to our successful rehabilitation plans is full medical agreement, treatment and support from our carefully selected service providers, together with a clear understanding of the Employee's level of motivation to return to work. Gradual rehabilitation and reintegration into the workplace is of the utmost importance. Development of a suitable timetable and rehabilitation programme is therefore essential. This can help to mitigate the possibility of symptom recurrence and helps to build the confidence of the Employee, establishing the right frame of mind for a full-time return.

Reintegration considerations include:

- the Employer's business needs and flexibility;
- the Employer's obligations under the Equality Act 2010
- the Employee's contractual hours and working pattern;
- what the Employee can do safely;
- modifications to the Employee's workstation;
- re-training requirements;
- an effective plan to gradually increase the working hours.

Linked Claims

Where symptoms recur within 12 months of returning to work, to the extent that the Employee cannot continue working, the Employee will not have to complete another deferred period. Supporting medical evidence will be required, but benefits will recommence from the date that the Employee became unable to work.

Conclusion

By maintaining a low claims to assessor ratio, and with a highly experienced professional claims team, we ensure that each claim receives sufficient quality attention, thus promoting innovative and tailor made solutions.

The positive results of our claims management capabilities include:

- staffing costs control;
- increased Employee loyalty;
- premium rate certainty; and
- flow of positive premium margins into a Pooled or Captive solution where one exists.

We are committed to offering a market leading claims management service, if you would like to discuss this in more detail, please contact: groupclaims@generali.co.uk

Related material

For forms please visit the documents downloads pages of www.generali.co.uk