



# GROUP INCOME PROTECTION

VOLUNTARY GROUP INCOME PROTECTION  
CLAIM FORM AND GUIDE

A WORLD *of* DIFFERENCE

utmost<sup>™</sup>  
CORPORATE SOLUTIONS

# 1. Guide to the Claims Process

Income Protection is designed to provide you with an income if you are unable to work for a long period of time due to illness or accident.

You have chosen to be included in the Voluntary Group Income Protection policy affected between the policyholder and Utmost PanEurope dac. The Group Income Protection scheme is governed by the policy Terms and Conditions. The policyholder has negotiated terms on your behalf in relation to the level of benefit covered, when the benefit could become payable, the price and when the benefit will cease.

Group Income Protection policies have a deferred period during which time no benefit is payable. During the deferred period you will be subject to the terms of your employer's sick leave policy.

If your claim for benefit is admitted the policyholder has instructed Utmost PanEurope to make payment to you directly as the beneficiary under the policy. Any claim payments will be made net of the relevant tax and social insurance deduction. Please note that if you receive income from any other source, including the Department of Social Protection, additional tax and or social security may be due and you should contact your local Inspector of Taxes to ascertain if you need to complete a Self-Assessment form.

## Information needed

To assess a claim, Utmost PanEurope requires evidence from the policyholder that you are covered by the policy.

We will need some personal details, your job description, absence records and medical evidence to support your absence from work and your inability to perform your job.

The attached claim form should be completed and returned to us. On receipt of your claim form, with your express consent, we can assess the information provided and contact your General Practitioner (GP) and/or treating consultant for medical information to support your claim. All medical information is treated as strictly confidential.

You may be contacted by phone (Monday to Saturday only between the hours of 9.00am to 9.00pm, excluding bank holidays or public holidays) unless otherwise agreed with you or visited by appointment at home by an experienced nurse as part of the assessment and rehabilitation process, subject to receiving your informed consent prior to each visit.

## What you should do

- Complete and sign the attached Claim Form
- Provide your job description and absence records
- Provide your last two payslips
- If not submitting documents via ID Pal, please provide a certified copy of your original Passport or Drivers Licence and a certified copy of an original utility bill less than six months old.

## Keeping you Informed

Utmost PanEurope or Broker will send updates on the assessment process to you and follow up on any outstanding medical evidence at regular intervals.

If it is necessary for you to attend an independent medical examination we will agree a mutually convenient time and location.

# 1. Guide to the Claims Process (continued)

Once sufficient information has been received to reach a decision on the claim, this decision will be communicated to you. If the claim is admitted you should contact your local Inspector of Income Tax to confirm that you have a claim in payment. To commence payment Utmost PanEurope will need a Certificate of Tax credits.

In the event that a claim is declined, Utmost PanEurope will outline the rationale for the decision.

If you are unhappy with the decision you can lodge an appeal against this decision within three months of receiving the decision. Please see the factsheet on the Claims Appeal Process for further information.

**Back to Work**

Claim payments will cease when medical evidence confirms your ability to return to work.

**On-going Claim Review**

Claims are subject to periodic reviews and on-going assessment of your ability to perform the duties of your occupation. Your co-operation with these reviews is part of the policy's conditions and failure to cooperate may result in a suspension or cessation of claim payment.

**BLOCK CAPITALS** to be used throughout or tick ( ✓ ) where appropriate. Please answer all questions fully and truthfully to avoid any undue delay in considering your claim. If you fail to disclose all relevant information or if you give false or misleading information you could render your insurance void. This means that your claim will not be paid and you will no longer be insured. Any premiums paid will not be refunded. Please note this form is not an admission of liability by Utmost PanEurope.

**TYPE OF CLAIM**

What type of claim are you submitting? Tick either Short Term Claim or Standard Claim tick box below.

Please Tick if you are submitting a Short Term Claim. Please complete sections 2, 3, 5 and 6.

A Short Term Claim is suitable if you have already **\*returned** to work or if you have a confirmed **return to work date within the next 10 calendar days**, and the date of Disablement is **no more than 3 months prior** to the claim being reported.

\*Return to work means return to the same duties/role you were doing prior to being on sick leave.

or

Please Tick if you are submitting a Standard Claim. Please complete sections 2, 4, 5 and 6.

## 2. Scheme and Employee Details

**Scheme and Employee Details. (COMPLETE FOR SHORT TERM AND STANDARD CLAIMS)**

Scheme name: \_\_\_\_\_

Date joined scheme:       Date of joining service:

Employer name: \_\_\_\_\_

Occupation: \_\_\_\_\_

How long have you been with your current employer? \_\_\_\_\_

Is your employment: Full time/Part time? \_\_\_\_\_

If you do not work full time hours, please confirm if you work as a: Job-Sharer/Term Timer? \_\_\_\_\_

How many hours per week do you work? \_\_\_\_\_

**Your Personal Details**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Home phone number: \_\_\_\_\_ Mobile number: \_\_\_\_\_

Date of birth:       Email address: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Are you predominantly: Left handed:  Right handed:

### 3. Short Term Claim

**Short Term Claim (THIS SECTION IS NOT TO BE COMPLETED IF YOU ARE MAKING A STANDARD CLAIM)**

**Date of Disablement must be no more than 3 months prior to the claim being reported.**

If you have already returned to work on a full time basis or have a confirmed return to work date within the next 10 calendar days you may be eligible to receive a payment from Utmost PanEurope with no further review. Utmost PanEurope may pay your claim based on the information contained in this claim form without the need for further medical evidence. This is dependent upon a claimant satisfying the sick leave requirements and other necessary terms and conditions outlined in the policy.

**To qualify for payment you must provide the following information:**

Please describe in detail the nature of the disability from which you are suffering: \_\_\_\_\_

\_\_\_\_\_

When did you first experience symptoms related to your disability and what were these symptoms? \_\_\_\_\_

\_\_\_\_\_

When did you first seek medical advice about your disability? \_\_\_\_\_

\_\_\_\_\_

Date sick leave commenced:

D	D	M	M	Y	Y
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Half Pay date:

D	D	M	M	Y	Y
---	---	---	---	---	---

Off Pay date:

D	D	M	M	Y	Y
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Date returned to work or will return to work (must not be more than 3 months ago or 10 calendar days from the date you complete this form):

D	D	M	M	Y	Y
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A copy of two payslips:

- One from just prior to your short term absence
- One from during your short term absence that shows your illness deduction from your salary

**IMPORTANT: Please enclose a medical certificate from your doctor(s) outlining the full duration of your absence and the medical condition which prevented you from working.**

Utmost PanEurope dac reserves the right to medically assess short term claims. Please note that in accordance with the Short Term Claims process, your benefit entitlement will be calculated from the information and documentation you provide. Utmost PanEurope may pay your claim based on the information contained in this claim form without the need for further medical evidence. This is dependent upon a claimant satisfying the sick leave requirements and other necessary terms and conditions outlined in the policy.

I confirm that I have provided all the information as listed above and that the information is correct

**Signature:**

Date: 

D	D	M	M	Y	Y
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## 4. Standard Claim

**Outline your Medical Condition and Absence. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

First date of absence:

Cumulative absence in the last 2 years: \_\_\_\_\_

Describe in detail your illness/condition:

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**Outline your Medical Condition and Absence (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

How does your condition prevent you from working?

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What work related activities does your current condition prevent you from performing?

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If you suffered from this illness condition before please provide full details, including dates, treatment and duration.  
If you have not suffered from this illness/condition before please write 'not applicable' below:

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Are you planning to retire early for reasons other than illness?

Yes  No

If Yes, please provide details to include your planned retirement date and early retirement pension amount:

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## 4. Standard Claim (continued)

**Outline your Medical Condition and Absence (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

Have you worked since the date of incapacity? Yes  No

If Yes, please provide details:

Duties undertaken:	Dates:	Hours worked:	Salary paid:

Are you planning to retire early for reasons other than illness? Yes  No

If Yes, please provide details to include your planned retirement date and early retirement pension amount:

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Have you worked since the date of incapacity? Yes  No

If Yes, please provide details:

Duties undertaken:	Dates:	Hours worked:	Salary paid:

Is your position still available to you? Yes  No

If Yes, please provide details:

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## 4. Standard Claim (continued)

**Outline your Medical Condition and Absence (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

Have you previously had an income protection claim?

Yes  No

If Yes, please provide full details to include Insurer, reason for claim, payment amounts and payment dates:

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**Serious Conditions. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

Please tick if any of the following apply:

Terminal Illness - Advanced or rapidly progressing incurable disease where, in the opinion of an attending consultant and our Chief Medical Officer, the life expectancy is no greater than 12 months:

Yes  No

Loss of Independent Existence – Permanent inability to care for oneself, requiring 24 hour supervision

Yes  No

**Medical Information. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

Has a diagnosis been made?

Yes  No

If Yes, please provide details:

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Is your condition:

Deteriorating

Improving

Stable

Please provide details:

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Are your symptoms?

Constant

Intermittent

Please provide details:

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Have you been hospitalised in connection with this illness/condition?

Yes  No

If Yes, please provide full details:

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## 4. Standard Claim (continued)

**Serious Conditions. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

What treatment are you receiving?

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If medication has been prescribed, please list the name(s) of the medication and the prescribed dosage:

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General Practitioner name: \_\_\_\_\_

General Practitioner address: \_\_\_\_\_

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Telephone number: \_\_\_\_\_

Name and address of any other doctors/specialists/consultants you attended for this condition:

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Telephone number: \_\_\_\_\_

**Your Occupation. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

What is your current job title? \_\_\_\_\_

How long have you been doing your current job? \_\_\_\_\_

Describe your duties and any special skills or qualifications required:

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Is a driving or other type of licence necessary for you to perform your duties? \_\_\_\_\_

How many staff directly report to you? \_\_\_\_\_

How many hours did you work on average per week? \_\_\_\_\_

## 4. Standard Claim (continued)

**Your Occupation (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

Please provide a list of all duties involved in your job and the percentage of your working day you spent on each:

Duty:	% of day spent on duty:	Does your condition/illness prevent you from carrying out this duty? Please confirm Yes or No
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>
		Yes <input type="checkbox"/> No <input type="checkbox"/>

Please indicate the percentage of your day spent doing the following.

Activity:	% of day spent on activity	Does your condition/illness prevent you from carrying out this activity? Please confirm Yes or No
Climbing ladders or similar		Yes <input type="checkbox"/> No <input type="checkbox"/>
Carrying or lifting heavy items		Yes <input type="checkbox"/> No <input type="checkbox"/>
Standing		Yes <input type="checkbox"/> No <input type="checkbox"/>
Crawling or kneeling		Yes <input type="checkbox"/> No <input type="checkbox"/>
Sitting/driving		Yes <input type="checkbox"/> No <input type="checkbox"/>
Walking		Yes <input type="checkbox"/> No <input type="checkbox"/>
Bending		Yes <input type="checkbox"/> No <input type="checkbox"/>
Reaching with your arms		Yes <input type="checkbox"/> No <input type="checkbox"/>
Other, please specify		Yes <input type="checkbox"/> No <input type="checkbox"/>

## 4. Standard Claim (continued)

**Your Occupation (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

How often are you in contact with your employer? \_\_\_\_\_

Has your employer discussed returning to work with you? Yes  No

If Yes, please provide details:

\_\_\_\_\_

\_\_\_\_\_

When do you expect to return to work?

**Financial Information. (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

What was your pre-disability salary? \_\_\_\_\_

**Social Welfare**

Are you entitled to Social Welfare Benefits? Yes  No

If applicable please name the benefit you are receiving and confirm the payment amount divided between you and your dependants and any rent/mortgage subsidy:

\_\_\_\_\_

\_\_\_\_\_

If No, please confirm why not?

\_\_\_\_\_

\_\_\_\_\_

Have you been asked to attend for medical assessment by the Department of Social Protection? Yes  No

If Yes, please provide details of when the assessment occurred and the outcome:

\_\_\_\_\_

\_\_\_\_\_

If No, please confirm if an assessment is scheduled:

\_\_\_\_\_

\_\_\_\_\_

## 4. Standard Claim (continued)

**Financial Information (continued). (ONLY COMPLETE THIS SECTION FOR A STANDARD CLAIM)**

**Current Income**

	Amount:	Frequency:	Source - name and address
Amount of Social Insurance/ State Benefit (if any)	€		
Other Pension/Salary amounts	€		
Other Sickness and Accident policies	€		
Other income from any source	€		

Please provide full details of sickness and accident policies to include name of insurer, policy number, when benefit is payable and the benefit insured:

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**Additional Information**

Please provide any additional information that you feel would help us to assess this claim:

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Are you seeking legal compensation against a third party in connection with the declared incapacity? Yes  No

If Yes, please provide details:

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Are you seeking early retirement due to your illness/condition or have you already retired? Yes  No

If Yes, please provide details to include why you are seeking retirement, the expected retirement date and early retirement pension amount:

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## 5. Payment Information

**(PLEASE COMPLETE FOR SHORT TERM AND STANDARD CLAIMS)**

Please complete the following bank account information which will be used to make claim payments should your claim be admitted.

Branch address: \_\_\_\_\_

Account name: \_\_\_\_\_

Bank Identifier Code (BIC): \_\_\_\_\_

International Bank Account Number (IBAN): \_\_\_\_\_

Claim payments will be made by Electronic Funds Transfer (EFT).

## 6. Declaration and Consent

**(PLEASE COMPLETE FOR SHORT TERM AND STANDARD CLAIMS)**

**How we process your Personal Data**

Utmost PanEurope dac recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a privacy notice which clarifies these details and explains your rights in relation to your personal data and how to action these rights with us, including your right to make a complaint. The privacy notice is available on our website [utmost.ie /privacy-notice/](https://utmost.ie/privacy-notice/)

The General Data Protection Regulation ('GDPR') came into force across Europe on the 25th May 2018. GDPR aims to give European citizens more control over their data and to create a uniformity of rules to enforce across Europe.

We reserve the right to change the privacy notice from time to time at our sole discretion. We encourage you to periodically review the privacy notice to keep informed about how we use your personal data and how we keep it protected.

**Collecting and processing your personal data is required to handle your claim. Utmost PanEurope dac must process your personal data in order to fulfill our contractual obligations under the policy. If you do not provide us with your personal data, we may not be able to handle or process your claim.**

## 6. Declaration and Consent (continued)

### Access to Medical Records

- We request your authorisation to allow us to approach any doctor for medical information about anything which affects your physical or mental health.
- We may ask you to contact your doctor to speed up the completion of reports that we have requested.
- If we ask you to attend a medical examination, it will be necessary to share the application information with an authorised third party and we will arrange for the examination to take place.
- It may be necessary to share medical information obtained from a medical examination report or from a health screening report with your doctor.
- On occasions, the electronic transmission of medical reports may help speed up the assessment of your application. We only accept electronic transmissions directly to a secure location to ensure confidentiality.
- We have a Confidentiality Policy in place to ensure medical information is held securely and access is limited.
- All answers to questions in this form, and any questions we subsequently ask, must be correct and you must provide us with all relevant information. Any failure to do so may result in a claim being declined or reduced.
- It is important that we are told about anything that might affect our judgement and acceptance of this application.

Full name in CAPITAL LETTERS:

\_\_\_\_\_

Date:

D	D	M	M	Y	Y
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Signature:

### Personal Declaration

- I declare that, as a result of illness or injury, I wish to claim benefit under the above Policy.
- I declare that I have been unable to perform the substantial duties of my occupation due to illness or injury since the first date of absence detailed.
- I declare that the information I have given here is true and complete and that no information has been withheld that might affect the acceptance of my claim for benefits from Utmost PanEurope. Any fraudulent statements may lead to prosecution by Utmost PanEurope and any information obtained in respect of my claim may be disclosed to third parties where fraud is suspected.
- I understand that Utmost PanEurope can use my personal information for any of my subsequent claims to Utmost PanEurope.
- I undertake to inform Utmost PanEurope immediately, in writing, if I carry out any work whatsoever and I understand that failure to do so may entitle Utmost PanEurope to cancel benefits under this Policy.
- I undertake to inform Utmost PanEurope of any changes in my circumstances whilst I am a claimant.
- I understand that an authorised representative of Utmost PanEurope and/or any third party appointed by them may visit or telephone me to discuss matters pertaining to the claim and that prior authorisation will be obtained from me prior to any visit.

## 6. Declaration and Consent (continued)

**Authorisation to Obtain Information**

I hereby authorise Utmost PanEurope dac and/or a third party appointed by Utmost:

- Being provided with medical information/reports from any doctor, specialist, clinic or hospital who has treated me in relation to my physical or mental health.
- To the Medical personnel of the Occupational Health Department of my employer to correspond, release or obtain Occupational Health reports or any relevant medical information to or from the Chief Medical Officer (CMO) of Utmost PanEurope.
- To sending and receiving information from any other insurance office, revenue or benefit office or employer.
- I agree that a copy of this authorisation shall have the validity of the original and that the authorisation shall be valid for the duration of the claim.

Full name in CAPITAL LETTERS: \_\_\_\_\_

Date:

**Signature:**

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (Number 311420) with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

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If any of the foregoing is not fully enforceable for any reason, the remainder shall nonetheless continue to apply.

# WE'RE HERE TO HELP


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For further information on any aspect of our group risk offering, please contact us:

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 [claims@utmost.ie](mailto:claims@utmost.ie)

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