



Step by Step Guide

to claiming from the University of Limerick Income Continuance Plan with Utmost

1 Identify the type of claim...

Before you can submit your claim, you must identify the type of claim that you need to make. Is it either:

A) Short Term Claim:

- You have already **returned to work** or you have a confirmed return to work date, which is within the next **10 calendar days** and
- Your date of disablement is no more than **3 months** prior to your claim being reported.

OR

B) Standard Claim:

- You do not meet the criteria to submit a Short Term Claim.

2 What you need to send to us...

Once you have identified whether you need to submit a Short Term Claim or a Standard Claim, please use this handy checklist to make sure you are providing us with all of the required information.

	Short Term Claim	Standard Claim
1. A completed Claim Form	✓	✓
2. A GP Form (completed by your GP)		✓
3. A completed Employer Authorisation Form		✓
4. An original Payslip (before sick leave commenced showing your full salary)		✓
5. Your most recent Payslip(original)		✓
6. Temporary Rehabilitation Remuneration details (if applicable)		✓
7. Your original or certified* Passport or Driving Licence**	✓	✓
8. Your original or certified Bank Statement which shows your name, address, IBAN and BIC. This should be dated within the last 6 months	✓	✓
9. Your original or certified Payslip (showing illness reduction)	✓	
10. Your original or certified last Payslip that you received before your short term absence	✓	
11. Notification from your employer of your pay reduction (if available)	✓	
12. Most recent Employment Detail Summary (formerly P60***)	✓	

Important: Please send us all required documents as soon as possible, to allow sufficient time for Utmost to assess your claim. You can submit your photo ID and Bank Statement by using ID-Pal. You will find the instructions on how to download the ID-Pal application enclosed in your Claims Pack. If you are not submitting by ID-Pal, please provide original or certified Anti Money-Laundering documents as set out above.

The above list of documents are required to initiate a claim. A Standard Claim will typically take around **3 months** to process, due to the comprehensive documents required, nature of medical assessment and benefit calculation involved in processing the claim.

*Documents should be certified by a member of An Garda Síochána or a solicitor. **This is required for Anti-Money Laundering purposes. For identification requirements, you can also submit this on ID-Pal. ***This is required in order to account for any salary fluctuations. Employment Detail Summary is available on Revenue's my Account service.

3 Cornmarket will...

1. Process your Claim Form and other required documents, before forwarding them to Utmost to be assessed.
2. Forward your completed Employer Authorisation Form (if applicable) to your employer, along with a request for the required information.
3. Help you as your claim progresses, by guiding you through every stage of the process.

4 Utmost will...

A)

Assess all of the information they have received from you.

Utmost may request further information, as necessary. For example, they may require one or more of the following:

- Further medical information from your doctor/specialist
- An Independent Medical Examination to be conducted
- Other appropriate medical evidence to support your claim.

B)

Make a decision on your claim.

If your **Short Term Claim** is admitted, your benefit will be paid into your bank account at the next monthly pay run once all the necessary documents have been gathered and assessed. A Short Term claim will **only** be processed as a Short Term claim if all the relevant documents requested overleaf are returned with the claim form.

If your **Standard Claim** is admitted, the benefit will be paid into your bank account monthly in arrears. In all cases, benefits are subject to income tax, which may include emergency tax.*

For Standard Claims, your benefit will be paid until the earliest of one of the following:

- You recover **or**
 - Utmost determines (based on medical evidence) that you are fit to return to work **or**
 - You return to work **or**
 - You resign **or**
 - You reach the ceasing age of the Scheme **or**
 - You die;
- whichever is the earliest.

*You must contact your Inspector of Taxes to make sure that you are receiving your tax entitlements and that you are paying the correct income tax.


While the majority of claims are admitted, if your claim is declined, this may be for a number of reasons. For example:

- You did not disclose relevant information when you applied for membership of the Scheme **or**
- The medical evidence does not support your claim that you are unfit to carry out your normal occupation.


If your claim is declined, you can make an appeal within **3 months** of Utmost's decision.

This document is a reference point only for members who wish to submit a claim. For full policy terms and conditions, please see your Plan Summary Booklet or Policy Document.

We're here to help you

 (01) 408 4018

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