

Critical illness benefits service standards

SERVICE	ACTION	STANDARDS
Initial assessment	<p>Upon receipt of the completed Employer Critical Illness claim form, we'll contact the member to arrange for completion of the Member's claim form</p> <p>Once the member's form has been received we'll contact their medical practitioner(s) to request medical evidence, which could include:</p> <ul style="list-style-type: none"> • A report from the member's specialist • A general practitioner report. <p>However, should the member have any of this information already, they can submit it with the claim form.</p>	Within 5 working days
Pursuing missing medical evidence	<p>We'll contact the medical provider(s) every two weeks to obtain an update on the medical information that we've requested. We'll keep both you and the member up to date with our progress.</p>	Every 10 working days
Medical assessment	<p>Once we receive the requested information, this will be reviewed by one of our Benefit Managers/Assessors. If they decide more medical evidence is required to support the claim, they'll request this within five working days.</p> <hr/> <p>If no more evidence is required, a decision will be made within 10 working days, which may include a referral to our Chief Medical Officer, if appropriate. When the final decision is made, we'll communicate this to both you and the member.</p>	Within 10 working days
Payment	<p>Benefit payments will be made within 10 working days of receipt of all outstanding information. We'll confirm to you in writing once the benefit has been released.</p>	

Contact us



0345 072 0758

We may record and monitor calls. Call charges will vary.



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