

Critical Illness Benefits service standards

Our aim is to deliver 100% of what you want, when you want it. We are constantly improving our service standards.

SERVICE	ACTION	STANDARDS
Initial assessment	<p>Upon receipt of the completed Critical Illness claim form (which includes the member's signed consent) we will carry out initial eligibility checks.</p> <p>We'll need to contact the member's medical provider(s) to request medical evidence which might include:</p> <ul style="list-style-type: none">• A report from the member's specialist• General practitioner's report <p>However, should the member have any of this information already, they can submit this 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 have requested and keep you up to date with our progress.</p>	Every 10 working days
Medical assessment	<p>Once we receive all the information we need, the case will be passed to one of our Benefit Managers/Assessors to review. If they decide more medical evidence is needed, they'll do this within 5 working days.</p> <p>If no more evidence is needed a decision will be made within 10 working days, which also includes a referral to our Chief Medical Officer, if appropriate. When the final decision is made, we'll communicate this to 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 will 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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