# Critical Illness Benefits service standards

Our aim is to deliver 100% of what you want, when you want it.

## SERVICE | ACTION | STANDARDS
--- | --- | ---
**Initial assessment** | Upon receipt of the completed Employer Critical Illness claim form, we will contact the member to arrange for completion of the Member’s claim form. Once the member’s form has been received we will contact their medical practitioner(s) to request medical evidence, which might include:
- A report from the member’s specialist
- A general practitioner report.
However, should the member have any of this information already, they can submit it with the claim form. | Within 5 working days

**Pursuing missing medical evidence** | 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. | Every 10 working days

**Medical assessment** | 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. 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. | Within 10 working days

**Payment** | 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. | 

---

## Contact us

- **0345 072 0758**
  - We may record and monitor calls. Call charges will vary.
- **group.protection@landg.com**
- **legalandgeneral.com/employer/group-protection/**
- **Group Protection, Legal & General Assurance Society Limited,**
  - Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL