

Group critical illness employer claim form



About this form

This form is to be completed by the employer.

Please use BLOCK CAPITALS.

If you have any copies of consultant/GP letters, please provide these along with the fully completed form.

If you need to check whether a specific condition or procedure is covered under the policy, please get in touch with us using the contact details at the end of this form.

To protect against financial crime, we may need to confirm the member's identity from time to time. We may do this by using reference agencies to search sources of information about the member (an identity search). This will not affect the member's credit rating. If this identity search fails, we may ask the member for documents to confirm their identity.



1 About the employer

- 1.1 Scheme name
- 1.2 Policy number
- 1.3 Employer's contact name
- 1.4 Telephone number
- 1.5 Employer's name
- 1.6 Employer's contact address

Postcode

Please tell us the address where the member is normally employed (if different from above)

Postcode

Mr/Mrs/Miss/Ms/Other

Member's surname

Member's forename
(including any middle names)

Member's date of birth
(DD/MM/YYYY)

Member's National Insurance number

Member's address

Postcode

Member's email address

Member's telephone number

2.1 On what date did the member:
(DD/MM/YYYY)

Start employment

Become a Member of the Scheme (even if the scheme was
not insured with us)

2.2 Membership category (where the
scheme has more than one category)

Date of entry into category (where the
scheme has more than one category)
(DD/MM/YYYY)

Member's occupation (please describe
as fully as possible)

Date the member last worked
(DD/MM/YYYY)

Please note that we won't be able to
proceed with the claim assessment
without this information

Member's earnings

Actual earnings

£

Scheme earnings

£

£

The amount of benefit being claimed
under the policy

2.3 Has the member's level of benefit
changed since joining the Scheme?

Yes No

If 'yes', please provide details below.

Empty text area for providing details if 'yes'.

2

About the member continued

2.4 Is the member still in your employment and included in the Scheme?

Yes No

If you have answered 'No' to question 2.4, please tell us when the member left your employment? (DD/MM/YYYY)

2.5 If the member is the subject of the claim, have they been absent before with the same or similar condition?

Yes No N/A

If you have answered 'Yes' to question 2.5, please provide details below.

3

About the member's partner or child



The policyholder should complete questions 3.1 to 3.5, if the claim is being submitted on behalf of the Member's Spouse, Registered Civil Partner, unmarried Partner or child (where covered).

Otherwise, go straight to section 4, the 'Policyholder's declaration'.

3.1 Surname

3.2 Forename(s)

3.3 Date of birth
(DD/MM/YYYY)

3.4 Relationship to the member:

3.5 Date they became eligible for inclusion
(DD/MM/YYYY)

4

Policyholder's declaration

We declare that the above statements are accurate and complete and that the above member is eligible, in accordance with the terms and conditions of the policy and the plan issued by Legal & General Assurance Society Limited (Legal & General).

We confirm we have the explicit consent of the person(s) named in this form, or have other legal basis, to provide Legal & General this information and any further information (including medical or health information) that is required.

By signing this declaration **you** confirm the **Insurer** is:

- fully discharged from its liabilities to **you** in respect of benefits for the **insured member** arising from the **policy**, and
- fully indemnified from any further claim in this respect.

Signature

X

Print name

Date
(DD/MM/YYYY)

Position in the
company/firm



Please tell us if the information you have provided changes.

5

What happens next?

When you've filled in this form, you should send it to Legal & General Assurance Society Limited. Please tell us if your circumstances or any of the information provided on this form changes.

Contact us



0345 072 0758

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



groupprotection.benefitsmanagement@landg.com
legalandgeneral.com/workplacebenefits



Group Protection, Legal & General Assurance Society Limited
Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL