

Your Accident/Sickness Claim

What you can expect

You will find your claim form enclosed. We are sorry that you find yourself in the position that requires you to make a claim due to ill-health or an accident. We hope that you find your claims experience a smooth and efficient process and that you are able to return to work soon.

Within this helpsheet you will find details about your insurance cover and information that we hope will assist you through every stage of your claim.

How to contact us

By Post:

Claims & Administration Department, PO Box 534, Uxbridge, UB8 1WF

Our PO Box number allows your post to be passed directly to the Claims Department so that this can be handled as soon as possible.

By Phone:

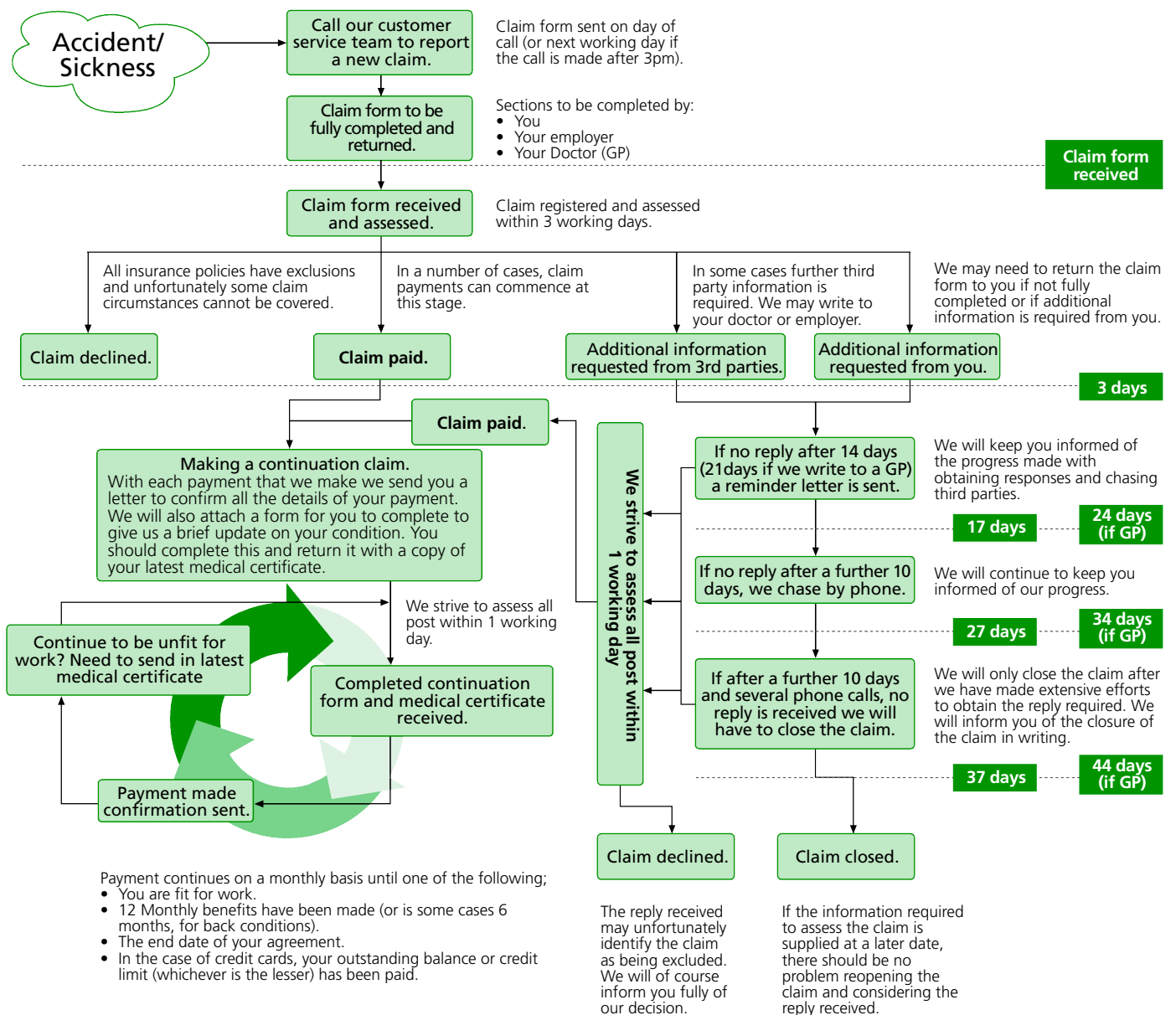
Customer Service Number: 0870 905 2119*

You may contact us using Type Talk, Telephone 18001 0870 9052119*

We have a dedicated customer services team available Monday to Friday from 9am to 5pm to deal with incoming calls. If you have any enquiries regarding your claim you can call this number and one of our representatives will be happy to help you.

*Telephone calls may be monitored or recorded to assist with staff training and for quality control purposes.

Below you will find a flow chart of a typical accident/sickness claim. This will give you an idea of what to expect during the course of your claim. On the reverse side of this helpsheet you will find a list of common questions and answers. If at any stage you have any queries, or want help completing your claim form, you can contact our Customer Service Team on the number listed above.



What am I covered for?

All customers will have received a copy of the insurance policy at the very start of the cover. We handle claims under a number of policies with varying levels of cover and with various terms and conditions. Within this helpsheet we detail the main aspects of cover common to this type of policy. Please check your own policy document or call our Customer Services team if you wish to enquire on your own particular cover details and to establish whether these policy details apply to you.

How long must I wait before I know the outcome?

We realise that your claim is linked to financial commitments you may have, so we aim to handle correspondence within 1 working day of receipt (new claims within 3 working days) and inform you in writing whether your claim has been accepted or declined. Should we require further information from third parties we will inform you of our actions. If we do not get a response we will chase the relevant parties after 14 or 21 days (see flow chart) followed up after a further 10 days and again after another 10 days. We will keep you fully informed at each and every stage.

From what day will my claim be considered?

The majority of Accident/Sickness claims are considered from the day you first consult a medical practitioner and are certified as unfit for work.

What is an excess period?

An 'excess' period is a period at the start of a claim that the policy will not provide payment for. For example: If your excess period is 60 days, consideration of payment will not commence until after the first 60 days of a valid claim has passed and no payment will be made for those first 60 days. Excess periods are not in all policies and are a less common feature of Accident and Sickness covers, so please check your policy to see what, if any, excess period applies to you.

How long do I have to be off work before payments are considered?

All policies have varying 'waiting' periods before consideration for payment commences, this can be as little as 14 days. For example: If your 'waiting' period is 14 days and once you have been certified unfit and unable to work for those 14 days, payment can be made to cover the 14 day period that has just passed. If you have an excess period, any waiting period will follow on from when the excess period ends.

Where are the payments sent?

Depending on your policy, payments are either issued directly to you or direct to your finance company. You will be informed after each payment the amount, the period this represents and where the payment is being sent. If we have paid your finance provider and you have kept up your repayments, you will need to contact your finance company to request a refund of any payments you may have duplicated. Alternatively you may wish to leave any money paid by us in the account in order to reduce your outstanding balance (and/or in the case of credit cards, interest charged).

After the first payment, what happens for the following months?

If you are still unfit for work, you will need to make a continuing claim. Continuing payments are claimed by providing us with an up to date copy of your medical certificate. We may need additional medical information from time to time but we are likely to apply for this ourselves directly to your GP with no cost to you. If we have any additional requirements of you during a continuing claim, one of our representatives will notify you.

How frequently will my claim be paid?

Some policies pay for monthly periods and others for daily periods. The monthly paid policy will require you to be off for the full period for a payment to be paid. For example: It may pay 1 month payment for your first 30 days of sickness and then a further monthly payment for each complete 30 day period thereafter.

Daily paid policies take your monthly commitment and calculate a daily benefit by dividing this by 30 days. In this case you receive benefit to cover the number of days you are unfit for work. Don't worry, the payment is not made on a daily basis. If evidence of sickness covers 24 days, we can pay an amount equal to 24 daily benefits.

What is the maximum period I can claim for?

Most policies of this nature pay the claim for a maximum number of months for any one period of claim. The most common period is for 12 months. If your claim is on a credit card it may pay 12 months or until an amount equal to the outstanding balance or credit limit at the time the claim commences has been paid. The maximum payment period only applies if your claim continues for this length of time. If you are no longer unfit for work before this time, this will obviously signify the end of your claim.

What happens if I return to work for a short temporary period?

We obviously want to help you however we can to get yourself back to work. If you try to return but find you cannot manage, we can look to suspend your claim for the period you tried to return to work, and commence payments again after this as a continuation of the first part of the claim. Do call our Customer Services team if you wish to discuss returns of a temporary nature in more detail. It is important that you keep us informed of your circumstances.

What happens if my circumstances change?

It is important that you keep us up to date with your changes in circumstances throughout the period of a claim. Examples of the types of information we would like to be informed of are: changes of address, going away on holiday and returns to employment.

What is a home visit?

We like to keep up to date with each of our customer's progress. We have representatives who work in your area visiting customers in their homes and providing us with updates. In some cases we may use medically qualified representatives. These updates are of great benefit to us with our continuing assessment of the claim. Obviously, it is not practical for all of our customers to receive a home visit. If our representative calls at an inconvenient time they can of course arrange a mutually convenient time for a revisit.

This information is available in large print on request