

# Group Income Protection

## Employee claim form

### Important Notes:

1. Fill out this form carefully and completely. If you give incorrect or misleading answers, your claim might be rejected.

2. Please include proof of your age/identity by providing a clear copy of your passport or driving licence.

3. If there isn't enough room for your answers, use the extra page at the end of the form.

4. You can return this form to Generali via your HR team, or alternatively you may send it by email to [groupclaims@generali.co.uk](mailto:groupclaims@generali.co.uk)

Employer's name:

### Employee's Details

Preferred Title:  
Mr/Mrs/Ms/Dr/other:

Date of Birth:

Surname:

Forename:

Employee No.

Address:

Home Telephone:

Mobile Telephone:

Personal email address:

### Details of incapacity:

Date you stopped working full-time:

Date your symptoms started:

Please describe your illness or injury:

What duties of your job are you now unable to carry out and why?:

## Employee's Details (cont.):

What medicine(s) are you taking and how much do you take each day?

What other treatment are you currently receiving? Please give full details:

Are you currently waiting to see a specialist or exploring other treatment options?

Yes

No

If yes, please give full details:

How regular are your symptoms? Do you have good days and bad days, and do your symptoms get worse at a specific time of day?

How have things changed in your daily life in the last year, and did you do anything differently because of your condition?

Is your condition getting better, worse, or staying the same?

Same

Better

Worse

Do you feel that you could return to an alternative/modied role?

Yes

No

If yes, please give full details:

When do you think you will be able to return to work on either a full-time or part-time basis and what would help you achieve this?

**Details of treating practitioners:**

General Practitioner Name:

Address:

Telephone:

Email:

When was the last time you talked to this GP about your health?

Consultant/Specialist (1) name:

Speciality:

Address:

Telephone:

Email:

When was the last time you talked to this Consultant/Specialist about your health?

Consultant/Specialist (2) name:

Speciality:

Address:

Telephone:

Email:

When was the last time you talked to this Consultant/Specialist about your health?

### Details of occupation:

Job title:

What are your contractual hours?:

What hours did you actually work?:

Do you have any managerial/supervisory responsibilities? Yes  No

If yes, for how long have you been in your current managerial position, and how many staff directly report to you?

What is your usual working environment? (e.g. office, factory floor, outdoors etc.):

Is there anything in your surroundings (work or home) that makes your condition worse? Yes  No

If yes, please give full details:

Please describe what you do at work. Do you have to lift heavy things, use your hands a lot, or stay in one position for a long time?

Do you require any special licence(s) for your occupation?

Does your job require regular travelling (not including your commute to and from work)? Yes  No

If yes, please give full details including mode of transport and distances covered.

How far do you travel to and from work and what mode of transport is used?

**Daily activities:**

Please describe your typical day before and since becoming incapacitated:

Before incapacity:

Since incapacity:

Tell us how you've been doing everyday things since you've been absent from work, even if it doesn't seem important to your illness.

Meal preparation, including cooking:

Housework, such as washing dishes, laundry, ironing and vacuuming:

Walking including distance and duration:

Sitting - duration and any reason for restriction:

Driving - have you been advised not to drive and can you provide detail as to duration :

Reading:

Shopping:

Hobbies and other pastimes:

**Daily activities (cont.):**

Using PC/Laptop

Watching television:

Socialising:

Childcare (if applicable):

**Financial details:**

What was your salary at the date you were first absent?

Have you claimed, or do you plan to claim through any other insurance policy due to illness or injury, while absent from work?

Yes

No

If yes, please give full details, including type of policy, insurer and policy number:

Are you doing any other work, whether you get paid or not?

Yes

No

If yes, please give full details:

Do you have Private Medical Insurance?

Yes

No

Are you seeking, or do you intend to pursue, compensation (by litigation or otherwise) due to your injury/illness?

Yes

No

If yes, please give full details:

## How We Use Personal Data

You and your members can see how Assicurazioni Generali S.p.A UK Branch uses personal data by visiting [www.generali.co.uk/Info/Privacy-Information](http://www.generali.co.uk/Info/Privacy-Information) or contacting our Data Protection Officer by emailing [privacy@generali.co.uk](mailto:privacy@generali.co.uk) or writing to The Data Protection Officer, Assicurazioni Generali S.p.A UK Branch, 55 Mark Lane, London EC3R 7NE.

## Declaration

- (1) I confirm that the information contained in this form is true, correct, and complete as far as I know. I will let you know if I find any errors or missing information as soon as I find out.
- (2) I understand that completing this form and starting this claim does not mean that Generali will agree to my claim or give up the right to decline the claim. I understand that if you decide to pay or reject my claim you will provide a full written explanation via my employer.
- (3) I will let you know if anything changes for me, such as (but not only) my health, where I live, or if I do any work (even if I don't get paid).
- (4) I understand that you will look at how unwell or injured I am, and what I do while I am not working, to help you decide if you will pay my claim, or keep paying my claim.
- (5) I will try my best to recover and go back to work.
- (6) I give you permission to contact anyone you need to find out more about my claim.

Signature:

Date:

Name:

Position:

**When you are ready to submit this document please print it, sign it and return it to Generali.  
You can email this form to [groupclaims@generali.co.uk](mailto:groupclaims@generali.co.uk) - or send by post to:  
Claims Dept, Generali Employee Benefits, 55 Mark Lane, London EC3R 7NE  
If sending by post, please use Special Delivery.**

**Assicurazioni Generali S.p.A. UK Branch, 55 Mark Lane, London EC3R 7NE**

Company incorporated in Trieste in 1831. Share capital €1,602,462,715.77 fully paid-up. Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy. Italian tax identification and companies registry number 00079760328. Authorised and regulated by Istituto per la Vigilanza sulle Assicurazioni (IVASS). Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003. Parent company of Generali Group and entered in the IVASS register of insurance groups under no. 026. UK company registration no. BR1185