

# Group Income Protection

## Employer claim form

### Important Notes:

Please complete this form fully and accurately, and return it to Generali as quickly as possible, and no later than 8 weeks before the end of the deferred period. If you are having difficulties completing this form, please contact us via [groupclaims@generali.co.uk](mailto:groupclaims@generali.co.uk)

Errors, omissions and delays can impact Generali's ability to assess the claim in a fair and prompt manner. Generali reserves the right to decline any claim where misleading or inaccurate information has been deliberately or negligently supplied.

Name of Policyholder:

Policy Number:

Policy Category

(As per your policy document or quotation)

### Contact for this Claim:

Contact name:

Address:

Position in Company:

Email:

Telephone:

### Employer's Details:

Employer's Bank name:

Address:

Account Name:

Sort Code:

Account Number:

### Member's Details

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

Date of Birth:

Surname:

Forename:

Employee No.

**Member's Details (cont.):**

Address:

Telephone:

Mobile Telephone:

Personal email address:

**Membership details:**

Date joined Employer:

Date joined Scheme:

**Employment details:**

Occupation:

Employment location or site:

Precise Duties:

What are the contractual weekly hours for this occupation?

Please provide details of any shift patterns in the additional information box on page [6]

Hours

How many hours per week was your employee working prior to incapacity?

Hours

Was the employee full-time prior to absence?

Yes

No

If no, please give full details:

Working environment (e.g. office, factory, laboratory etc.)

Are any environmental factors contributing to the employees absence?

Yes

No

If yes, please give full details:

Does the member have managerial/supervisory responsibilities?	Yes	No
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If yes, for how long have they been in their current managerial position, and how many direct reports do they have?

Please describe the physical demands of the job:

Does your employee require any special licence(s) for their occupation?

Does your employee's job involve any of the following?

Driving a car/van	Yes	No
Driving a Heavy Goods Vehicle	Yes	No
Climbing ladders	Yes	No
Climbing stairs	Yes	No
Bending	Yes	No
Reaching/stretching	Yes	No
Crawling/kneeling	Yes	No
Lifting items in excess of 25kg	Yes	No
Frequent lifting of smaller/lighter items	Yes	No
Working with hazardous/toxic materials	Yes	No

**Employment details:**

Was the employee able to carry out their job to the required standard? Yes No

If no, please give full details:

How would you describe your employee's relationship with their colleagues, supervisors and peers, and their interest and motivation in their occupation?

Excellent Good Fair Poor

Please expand on this answer:

Are there any other factors affecting your employee's absence from work such as any grievance or disciplinary procedures? Yes No

If yes, please give full details:

Were there any significant changes in duties, performance or attendance in the 12 months prior to this absence? Yes No

If yes, please give full details:

Are any significant changes to the role expected in the near future? Yes No

If yes, please give full details:

**Employment details:**

Does the employee's job still exist? Yes No

If yes, how long will it remain open? If no, please expand further:

Are you in regular contact with the employee? Yes No

Please give full details, including frequency and when was your last contact:

**Claim Details:**

Date first absent Salary at date first absent

Please provide full details of absences in the past 12 Months:

Date absence commenced	Date absence ceased	Total sick days taken	Cause of absence
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Pension Fund Contributions: % Employer % Employee

Reason for absence / incapacity:

What changes have you (or the business) observed in the employee's ability to carry out their duties, and why?

When are you expecting the employee to return to work? Please give full details:

**Claim Details (cont.):**

Has the employee undergone any type of Occupational Health (OH) assessment?	Yes	No
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If yes please attach copies of all available OH notes:

Have any reasonable adjustments been recommended to the employee's role (either within the scope of the Equality Act 2010 or otherwise)?	Yes	No
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If yes please provide full details, including whether any proposed recommendations could be accommodated or supported by the business:

Any other comments/relevant information:

**Claim Details (cont.):**

In order to assist us with potential rehabilitation initiatives, please confirm the following:

Employee's CV attached	Yes	No
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Employee's job description attached	Yes	No
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Have you seen proof of age for employment purposes	Yes	No
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## 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

We confirm that:

- (1) the information contained in this form is accurate and complete to the best of our knowledge and belief, and we undertake to advise you of any errors or omissions as soon as they become apparent.
- (2) we have all necessary permissions to provide the personal data in, or in connection with, this form to you; and
- (3) in accordance with applicable national data protection laws, we have given sufficient information to each member in order for them to understand: (i) what personal data is shared with, and for how long it is retained by, Assicurazioni Generali S.p.A., (ii) the purpose of such sharing and (iii) the identity of Generali or a description of the type of employee benefits organisation (such as Generali) with whom data is shared.

We understand that by issuing this form, or by starting the claims process, or by accepting proofs of claim, you shall not be held to admit the validity of any claim nor to have waived any rights of defence in this respect and no liability will be accepted by you until confirmed in writing by authorised officers of Assicurazioni Generali S.p.A. We undertake to advise Assicurazioni Generali S.p.A. of any change in the member's circumstances, including (but not limited to) any change in their state of health or medical condition, change of address, change in employment status, or the undertaking of any work (whether paid or unpaid). We authorise Assicurazioni Generali S.p.A. to undertake any enquiries deemed necessary to assess the claim and/or assist us with the management of the absence.

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**

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