

# Group Income Protection

## *Notice of absence form*

### **Important Note:**

This form should be completed by the employer, or their appointed representative, when a member of the scheme has been continuously absent from work, or working at reduced capacity, for greater than 4 weeks.

It is a condition of the Policy that absences are notified as early as possible in order that the Generali Claims Management Team can assist you in managing the absence and fairly assess the claim.

Policy Name/Employer:

Policy Number:

Category of Scheme membership:

(As per your policy document or quotation)

### **Member's Details:**

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

Date of Birth:

Surname:

Sex:

Forenames:

Employee No.

### **Employer's Details:**

Contact name:

Address:

Postcode:

Position in Company:

Telephone Number:

Fax Number:

Email Address:

### **Membership/Employment Details:**

Date joined Employer:

Date joined Scheme:

Did the member join at their first opportunity?

Yes

No

If no, please explain the reason for the delay:

Occupation:

Precise Duties:



**Claim Details:**

Date first absent:

Salary at date first absent:

Nature of Incapacity:

Please describe what duties the employee is unable to carry out and why:

Are there any other factors affecting your employee's absence from work?:

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

**DECLARATION**

We confirm that 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. 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.

**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@generalico.uk](mailto:groupclaims@generalico.uk) - send by fax to +44 (0) 207 265 6102  
- or send by post to: Claims Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

SIGNATURE

DATE

NAME

**Assicurazioni Generali S.p.A. UK Branch 100 Leman Street London E1 8AJ**

Company incorporated in Trieste in 1831 - Share capital €1,556,873,283 fully paid-up - Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy  
Italian tax identification and companies registry number 00079760328 - Authorised by Istituto per la Vigilanza sulle Assicurazioni (IVASS)  
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

