

Group Income Protection

Declaration and consent form

Once you have signed the form, please send pages 1-3 along with your completed Employee Claim Form. Please retain the section headed "Frequently Asked Questions, pages 4-6, for your information.

Name:

Date of Birth:

Employer:

Claim Number (if known)

I have read and understood the attached information sheet concerning the Access to Medical Reports Act 1988 (page 2) and the Data Protection Act 1998 (page 3).

Access to Medical Reports Act 1988

Please select one of the following options and delete the other two.

- I consent to medical reports being supplied in confidence to Generali and do not wish to have access to any medical report before it is provided (Option A).
- I consent to medical reports being supplied in confidence to Generali and do wish to have access to any medical report before it is provided (Option B).
- I do not consent to medical reports being supplied (Option C).

Data Protection Act 1998

Please select one of the following options and delete the other.

- I consent to my personal data (including medical records and other medical information) being supplied to Generali. I understand that any personal data supplied may be used by Generali in connection with the insurance arrangements that have been put in place by my employer for income protection benefit.
- In particular any personal data supplied (including medical records and other medical information) may be used for some or all of the following purposes; claims management, compliance, complaint handling, general administration, the prevention and detection of fraud/attempted fraud, occupational health, rehabilitation and underwriting.
- Any personal data supplied (including medical records and other medical information) may be shared with my employer, my employer's advisers, Generali's advisers, co-insurers and re-insurers, insurance intermediaries other Group companies and other service providers. (Option D).
- I do not consent to my personal data (including medical records and other medical information) being supplied to Generali (Option E).

I agree that a copy of this consent shall have the validity of the original.

SIGNATURE

DATE

Assicurazioni Generali S.p.A. UK Branch 100 Leaman 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



Legislation and frequently asked questions

The following is intended to provide an overview of the principal legislation relevant to:

- the provision of medical reports for employment or insurance purposes (Access to Medical Reports Act 1988); and
- the collection and processing of personal data including data about an individual's state of health and medical history (Data Protection Act 1998).

In addition, we have set out the answers to some frequently asked questions relating to the Group Income Protection claims process. Please contact your employer if you need any further information.

Access to medical reports act 1988

To enable Assicurazioni Generali S.p.A. (Generali) to process a claim for income protection benefit, it will be necessary to obtain reports from medical practitioners about your current state of health and medical history.

Where a medical report is supplied for employment or insurance purposes you have certain rights of access to that report and, before Generali apply for a report, we require your informed consent. Under the terms of the legislation you have three main options:

Option A

You give your consent and do not wish to see the report before it is provided. You can change your mind (before the report is provided) and your medical practitioner is also obliged to retain a copy for six months if you wish to see it after it has been provided.

Option B

You can ask to see the report before it is provided. Your medical practitioner will be informed and will not supply the report until you have seen and approved it. If the medical practitioner has not heard from you within 21 days of receiving our request, they can assume you have approved it and they may then provide us with the report.

If you see the report within the 21 days and find that there is anything you consider incorrect or misleading, you can request in writing that the medical practitioner amends the report. He is not obliged to do so but, in either situation you can:

1. Agree to the report being issued unchanged
2. Ask the medical practitioner to attach to the report a statement from you giving your views
3. Withdraw your consent for the report to be issued

The above points 1, 2 and 3 also apply if the medical practitioner declines to show you the report (or part of it) because he considers there are special circumstances or he feels that it would be harmful for you to see it.

Option C

You can refuse to give your consent for a medical report to be supplied. Unfortunately, if you withhold your consent, Generali will be unable to process your claim for income protection benefit and this may have significant implications in the event of long term absence from work. If you elect this option you should not submit the claim forms and you should discuss the situation with your employer.



Data protection act 1998

To enable Generali to process a claim for income protection benefit, it will be necessary to collect and process personal data about you (including medical records and other medical information).

The information that is collected and held (such as details of your job, age, salary, health and medical records) will be used by Generali in connection with the insurance arrangements that have been put in place by your employer for income protection benefit.

This will include the processes of claims management, compliance, complaint handling, general administration, the prevention and detection of fraud/attempted fraud, occupational health, rehabilitation and underwriting.

Any personal data supplied (including medical records and other medical information) may be shared with your employer, your employer's advisers, Generali's advisers, other insurers and re-insurers, insurance intermediaries and other service providers.

Your data will be processed fairly and securely. Your personal data will be available only to those who need to see it and will only be kept for as long as necessary.

Option D

You can consent to your personal data being collected and processed as described above.

Option E

You can refuse to give your consent to the processing of your personal data. Unfortunately, if you withhold your consent, Generali will be unable to process your claim for income protection benefit and this may have significant implications in the event of long term absence from work. If you elect this option you should not submit the claim forms and you should discuss the situation with your employer.



Frequently asked questions

Why have I been asked to complete a claim form?

Because your employer has taken out a Group Income Protection policy with Generali for your benefit. The policy is intended to pay a proportion of your salary in the event of long-term incapacity from work due to illness or injury.

I have only been off work for a few weeks, why am I being asked to fill out a form at this stage?

So that Generali can work with your employer and medical practitioners to help ensure that you recover as quickly as possible, and so that Generali have the opportunity to assess your claim fully before the end of the deferred period.

What is a deferred period?

This is the continuous length of time that you must have been incapacitated from working in order to qualify for benefit. Benefit is payable monthly, in arrears, once the deferred period has expired.

How do Generali define "incapacitated"?

The usual definition of incapacity is: the total incapacity of a member due to illness or injury from carrying out the material and substantial duties of their occupation and they must not be following any other occupation. This definition may not apply to your claim, or it may change after a specified period of incapacity, so you should speak to your employer if you have any questions in this respect.

How much will I be paid?

You should refer to your employer for full details as this will depend on the level of cover they have purchased and any benefit promise made to you in your contract of employment. Generally, the maximum amount payable is 75% of your pre-incapacity salary less the amount that is payable from the State in the event of incapacity from work.

Is the benefit taxable?

Yes, it is paid by Generali to your employer who will pass it onto you through their normal payroll process deducting Income Tax and National Insurance where appropriate.

How will Generali assess my claim?

In order to assess your claim, Generali must determine whether you fulfil the terms and conditions of the policy so, once in receipt of the completed claim forms and the consent form signed by yourself, they will begin the assessment by gathering reports/records from your treating medical physicians. In some instances this information will be sufficient for Generali to complete their assessment of your claim; in others further information/evidence will be required.

What kind of further information/evidence will Generali obtain?

Generali will commission whatever further investigations are required to make a fair decision on your claim. This may include, but is not limited to, independent medical examinations, functional assessments, occupational health reports and home and/or workplace visits by a nurse/occupational therapist. In the event that exaggeration and/or fraudulent behaviour is suspected in connection with a claim, Generali reserve their right to obtain covert video surveillance in order to verify the validity of the claim and the conduct of the claimant.

Do I have to attend examinations/appointments if requested to do so?

It is a condition of the policy that you co-operate fully with the claim assessment process. If you refuse to attend a required examination/appointment Generali will not be able to consider your claim.



What happens if my claim is accepted?

Generali will advise your employer, confirming the benefit payable and what plans are in place to review your progress going forward.

What happens if my claim is not accepted?

Generali will advise your employer accordingly explaining the reason(s) that the claim has been unsuccessful. Your employer should relay this information to you.

What happens if something changes whilst the claim is being considered or once it's in payment?

You should advise your employer immediately of any change in your circumstances, particularly regarding your state of health, ability to work, residence, income or if you undertake any alternative work. Failure to do so may mean that your claim will be declined or, if your claim is in payment, the immediate cessation of benefit. It may also mean that you are excluded from the Generali scheme going forward.

Will Generali help me to get back to work?

Yes, Generali will work with you, your employer, and any appropriate third parties in order to facilitate a return to the workplace. It is a condition of the policy that you fully cooperate with any reasonable rehabilitation plan.

What happens if I can only work part-time or in an alternative role?

Generali will consider supporting you by paying a partial benefit in the event that you are able to return to work but at reduced hours or to alternative duties resulting in a reduction in income.

What happens if I am able to return to work but then suffer a relapse in my medical condition?

Usually, provided the absence is due to the same condition and occurs within 26 weeks of you returning to work, Generali can recommence benefit payments without the need for an additional deferred period to be served. Any reinstatement of benefit is subject to supporting medical evidence being provided at that time.

If I have been diagnosed with a serious or life-threatening medical condition, can I obtain a second opinion regarding the diagnosis and treatment recommendations?

As a member of a Generali Group Income Protection Scheme you are automatically covered by Best Doctors®. Best Doctors provides access to expert medical information from over 50,000 of the world's leading medical specialists. Best Doctors can collect your medical case notes and provide you and your doctor with a report from a world-leading specialist in the relevant field of medicine. For further information please see www.bestdoctors.co.uk or contact them directly on 0800 085 6605.

Please note that the Best Doctors service provides information only - it does not provide funding for any treatment or face to face consultations.

What else should I be aware of?

In addition to the requirements set out above, payment of benefit is subject to the following:

1. You must have been under the medical care and supervision of a Medical Practitioner(s) since the commencement of Incapacity and you must remain under such care.
2. You must co-operate fully with the medical care and supervision of that Medical Practitioner(s) throughout the period of Incapacity.
3. You must not unreasonably refuse to follow any suggested, proposed or recommended course of treatment or therapy that might assist your recovery.
4. All requests for information and evidence of continued Incapacity must be provided within 28 days of the request.



What if I am unhappy with the decision made or have a complaint in respect of the claims process?

As the claim relates to a policy purchased by your employer, you may wish to discuss your concerns with them in the first instance as they may be able to assist you with an appeal if necessary.

Alternatively, you can address your concern or complaint to:

Customer Relations Officer
Assicurazioni Generali S.p.A.
100 Leman Street
London
E1 8AJ

Telephone: 020 7265 6200
Fax: 020 7481 0745

If you remain dissatisfied with the outcome of the investigation of your complaint, then you can refer your complaint to the Financial Ombudsman Service:

The Financial Ombudsman Service
Exchange Tower
Harbour Exchange Square
London, UK
E14 9SR

Telephone: 0800 023 4567
Email: enquiries@financial-ombudsman.org.uk
Website: www.financial-ombudsman.org.uk

**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 - 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**

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