

# Pay4Sure

## Claim Form



# Pay4Sure Claim Form

## How to complete this claim form

### **Please read carefully**

- Please make sure all sections are fully completed and all documents sent together. Incomplete claim forms or forms with documents missing will be returned and this may cause delays in the assessment of your claim. Please retain this page for your reference.
- Documents required from you are:
- Copies of all the Fit Notes that you have been given by your GP or your hospital.
- Evidence that you are in full-time employment for more than 16 hours per week or working under a fixed term contract
  - For example a copy of your last pay slip, your P60 or a copy of your current contract of employment
  - Or a copy of your current fixed term contract with a recent invoice for your hours or your certified accounts.

**Please note that this form does not constitute acceptance of your claim by insurers or admission of any liability.**

Please return the completed form and attached documents to:

**Compass Underwriting Ltd, Claims Department, 50 Mark Lane, London EC3R 7QR.  
Freephone number: 0800 032 7775 Fax: 020 7398 0109 Email: info@compassuw.co.uk**

Please be advised that all calls are recorded for accuracy  
(We recommend that you send your claim documents by recorded delivery)

### **The claims process**

Below are the guidelines of how to claim and the information we will be assessing with regard to your claim. Your claim will be acknowledged within 5 working days. Your claim will be processed and depending on the response times and information we receive from our enquiries, this process should be completed within 21 days.

- We will write to your GP to obtain a copy of your medical records as per your signed permission.
- We will write to your employer to confirm what date you were signed off work.
- We will then assess your claim based on this information.
- We will then take your date of loss (being the first time you suffered from this condition or illness or the date of your injury). We would then apply the applicable waiting period as detailed in your certificate of insurance from the date your GP signed you off work.
- If you are off work for longer than the waiting period you may be eligible for benefits, after we apply the policy terms and conditions. We will then pay you monthly in arrears, usually within 10 working days of us receiving a fully completed continuation claim form, which will be provided by us. Please be advised incomplete forms will be returned and this may delay benefit being paid. What information do I need to continue to provide throughout my claim?
- You must keep a copy of your GP's sick-notes signing you off work and send them to us.
- We require monthly sick notes as we expect you to be reviewed by your GP on a regular basis. We will then continue to pay you until you either return to work or you receive the maximum benefit payable under this insurance.

You may be required to be seen by one of our consultants. If this is necessary they will contact you direct to arrange a mutually convenient time to discuss your claim.

If you send any correspondence to us please make sure you include the policy number and your full name is clearly stated.

Premiums must continue to be paid on the due date while you are in a claim situation unless otherwise informed by insurers.

We recommend that you keep a copy of your claim form and any sick notes.

### **Check list**

#### **Have you attached and completed all sections?**

- Completed all details and signed all documents on the claim form
- Copies of all sick notes
- Copies of wage slips, P60, employment contract or certified accounts





*To be completed by you*

## **B. Data Protection Act 1998 consent form**

You may wish for a family member\* or your legal representative to be given access to your personal and medical information in order to help you with your claim.

In order for us to be able to discuss your claim with anyone other than yourself or our appointed agents we need your specific written permission. Please note that this consent would not allow anyone other than yourself to receive any benefit payments.

You may activate or cancel your permission at any stage throughout your claim. Please contact us should you wish to make any changes.

Certificate Number or Policy

Do you wish for your personal information to be given out to a family member or legal representative?  Yes  No

If **YES** then please complete the following section:

The name of your appointed family member\* or legal representative

(\*Family member shall mean: husband, wife or legal partner, mother or father, son or daughter only, who must be over 18 years old).

Their relationship to you

Their date of Birth

Their contact address

Postcode

### **Claim form declaration**

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

AND

I hereby declare that the statements in this claim form are true in every respect to the best of my knowledge and belief and that I have disclosed all information likely to influence the assessment of my claim. I consent to the seeking of information from my present employer and any doctor who has treated me or any person/organisation that is deemed necessary, to check the answers I have provided, and I authorise the giving of such information. A copy of this authorisation shall be considered as effective and valid as the original. I understand and agree that information regarding my claim may be shared with other insurers, loss adjustors and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

Signed

Date

THIS PAGE IS TO BE RETURNED TO COMPASS UNDERWRITING

## To be completed by you

### C. Consent form for release of medical records or reports

We may need to obtain medical reports or records to support your claim. Before we can ask any doctor that you have consulted to complete a report or ask for your medical records, we require your permission under the Access to Medical Reports Act 1988 &/or the Data Protection Act 1998. Your rights under the Access to Medical Act 1988 are as follows:

You do not need to give your permission but, if you do not, we will be unable to proceed with your claim.

You can ask to see the report before the doctor returns it to us. If this is the case we will ask the doctor to keep the report for a period of 21 days for you to arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health  
Any care, medication or treatment you are currently receiving  
The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health  
Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - Malignancy (cancer), cardiovascular (heart) disease, diabetes and degenerative (gradually worsening) diseases
  - Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles
  - Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue
  - Suicidal thoughts or attempts at suicide or
  - Conditions related to drug or alcohol misuse or smoking or chewing tobaccoDetails of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

Any blood pressure readings in the last three years  
Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be longterm effects on your health or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

#### Data Protection Act 1998

The Data Protection Act 1998 applies to personal information. This is information about living, identified or identifiable individuals and includes information such as names and address, bank details, and opinions expressed about an individual.

The Act regulates how personal information is used and requires organisations to comply with eight principles or rules of good information handling. These principles include that the data be processed fairly and lawfully, accurate, and where necessary, kept up to date and for no longer than necessary, processed in accordance with the individuals rights and kept secure and transferred only to countries that offer adequate data protection.

The Act does classify some personal information as "sensitive" and there are stricter rules about this, including your physical or mental health condition. These stricter rules make sure that this sensitive information is only used where an organisation such as Compass or our insurers have an essential need to use it and where you, the individual, has given us explicit consent.

Your medical records, whether maintained manually or on computer (subject to transitional provisions), are personal data held by health professionals subject to your rights to access to them under the Data Protection Act 1998. This means that you must make a "subject access request" under the terms of the 1998 Act for such records to be made available to your insurer - such request would normally be made by you signing to this effect on a claim form coupled with an authority to the health professional to give access to us.

The information you and your doctor provide about your health may result in us:

- Refusing to agree your claim
- If you have any questions about your rights under either of these Acts or relating to the process of us obtaining, assessing or storing medical information, please write to the Claims Manager at Compass Underwriting Ltd, 50 Mark Lane, London EC3R 7QR.

I have read the details of my rights under the Access to Medical Reports Act and the Data Protection Act as explained above and in connection with my insurance claim. I hereby consent to Compass Underwriting seeking medical information from my doctor who has attended me concerning my physical or mental well being in connection with this claim and I agree that a copy of this consent shall have the validity of the original.

**I DO/DO NOT (delete as appropriate) WISH TO SEE THE REPORT BEFORE IT IS SENT TO COMPASS UNDERWRITING.**

Your name

Certificate/Policy number

Your signature

Date

Date of birth

Your GP/Consultant name

Your GP/Consultant address

Postcode

Your GP/Consultant telephone number

Your GP/Consultant facsimile number



## Further information

Please provide further information for any questions overleaf stating the question number

Question No.	Details

# Pay4Sure

## Continuation Claim Form





# Pay4Sure

## Continuation Claim Form

### Important Information

1. You must fill in the correct sections of the claim form including the Declaration (section B). If you do not return this form in time it may affect your rights to continue to receive benefit under this insurance.
2. Please make sure that you answer all the questions fully and return the form to us with a copy of your medical fit note for the current period being claimed on or around the date requested by our claims dept. Failure to fully complete the form will result in the form being sent back to you which will delay the processing of your claim. You can use the space provided on the reverse of this form if you need to provide any further information.
3. One of our appointed representatives may visit you while you are claiming. Failure to see them could invalidate or seriously delay your claim. Return this and the fit note(s) to: Compass Underwriting Ltd, Claims Dpt, 50 Mark Lane, London EC3R 7QR. Tel: 0800 032 4456, email: info@compassuw.co.uk or facsimile 020 7398 0109.

### Section A *(to be completed by the claimant)*

1. Certificate No

2. Date of Birth

3. Telephone number

4. Full Name

5. Address

Postcode

6. Have you undertaken ANY employment of any kind during the past month?  
(regardless of whether paid or not)

Yes  No

(if YES please give full details and dates in the section provided overleaf)

7. Have you undertaken ANY courses, rehabilitation or training during the past month?

Yes  No

(if YES please give full details and dates in the section provided overleaf)

8. Do you remain unable to work?  Yes  No

If NO when did you return to work?

If YES please state the reason that you remain unable to work

What are your symptoms and how often do you experience them on a daily basis?

9. Has your GP referred you to a specialist or consultant?  Yes  No

If YES please give full details including date of next appointment

## Continuation claim form

10. Do you have problems with any of the following activities?

- a) Walking  Yes  No      b) Sitting  Yes  No      c) Standing  Yes  No  
d) Driving  Yes  No      e) Lifting  Yes  No      f) Climbing Stairs  Yes  No  
g) Bending  Yes  No      h) Exercising  Yes  No      i) Dressing  Yes  No  
j) Personal Hygiene  Yes  No      k) Shopping  Yes  No

**Please enclose your latest medical fit note signed by your usual doctor or surgery**

## Further information

Please provide further information for any questions overleaf stating the question number

Question No.	Details

## Section B Declaration *(to be completed by the Claimant)*

I hereby declare that the above statements are true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the continued payment of my claim. I consent to the seeking of information from my past and present employers, the Benefits Agency and any doctor or medical practitioner who has treated me or any person/organisation that the insurers deem necessary, and I authorise the giving of such information.

A copy of this authorisation shall be considered as effective and valid as the original.

I understand and agree that information regarding my claim may be shared with other insurers, insurer's loss adjustors and the Benefits Agency for fraud prevention purposes and that I consent to my claim being investigated as part of this process.

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signed

Date