

Guide to making a Sickness Claim

Unity Mutual currently looks after a range of policies that provide claimable benefits in the event of sickness, injury or general medical treatments. The following information has been designed to give you a broad understanding of the benefits available, and how you can qualify. However, should you be unsure as to what type of cover you have with us then please do not hesitate in contacting us directly when one of our advisors will be happy to help.

When can I claim?

For **Sickness Income Plans**, claims can be made as soon as you are unable to work. The claimable amount per day will match the monthly premium you pay in to your plan. The following criteria must be met before any claim for benefit can be considered:

- You must have one of the following:
 - A Medical Doctor's Certificate (form Med. 3). *This need only be completed by your medical practitioner if you do not have an original.*
 - A Hospital Certificate (form Med. 10).
 - A DFWP Certificate (form BF30)
- There must be enough money built up in your plan to pay any benefit. Once you have used up the money built up in your plan benefit will stop, but will be re-started the following year subject to monies being built up again, and you still suffering from your illness or injury.

As well as asking for details of your claim, we will also need you to give your consent to us contacting your GP in case we require further information.

For **Sickness Benefit / Healthcare Plans**, claims can be made when you have received treatment – for example dental or optical treatment – which has resulted in a financial cost. Healthcare plans also offer additional cover for further health conditions that may not have cost you any money. The following criteria must be met before any claim for benefit can be considered:

- Claims must be made within 13 weeks of any treatment for your claim to be considered.
- Detailed receipts for any treatment must be submitted. Till receipts are not acceptable.
- The level of premiums you pay will determine the limits to which you can claim. Contact us directly if you need further information on this.

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For **Sickness & Savings Policies**, claims can be made when you fall ill, or, are injured as a result of an accident. The following criteria must be met before any claim for benefit can be considered:

- Your condition must be for a period no less than 5 working days, which is the deferred period on these policies. No benefit will be paid prior to the end of the deferred period.
- You must be suffering financial loss as a result of your condition.
- You must submit your claim no later than one month after the expiry date of the deferred period to be eligible for any backdated benefit payments. Any claims submitted after this will only receive benefit payments from the date the claim is admitted, and subject to the claimant still suffering from the condition.

For **Earnings Protection Policies**, claims can be made when you are absent from work due to accident, and/or illness for a period exceeding your agreed 'Deferred Period', and, your wages have decreased as a result of extended absence from work.

What is a 'Deferred Period'?

The Deferred Period is the number of working days that must have elapsed from the start of your period of illness before any benefits can then be paid. This could be as little as 5 days, or as much as 52 weeks depending on the type of policy you have.

Contact us directly to find out what the deferred period is on your policy.

How do I make a claim?

Initially you can contact us, where you should make a request for a Claim Form to be sent to you.

A claim can be initially made by either yourself, or any person acting on your behalf should you be in Hospital or incapacitated. However, your Claim Form must be completed and signed by you, and returned to this office before any benefit payments can be made. Accompanying your Claim Form will be a Medical Attendants Report which must be completed by your Doctor, and information relating to your rights under the Access to medical Records Act 1988.

Once we are in receipt of your completed Claim Form and Medical Attendants Report, your claim will be considered, and a decision to accept or decline made accordingly.

Will making this claim affect any State Benefit payments?

Receiving benefit payments from your policy may affect any State Benefits you may be claiming, or applying for. We strongly recommend you contact your local **JOBCENTREPLUS** who should be able to give you clear guidance on how your State Benefits would be calculated in relation to your individual circumstances.

Your local Citizens Advice Bureau may also be able to provide guidance and information. Alternatively you can access their website at www.jobcentreplus.gov.uk or telephone 0800 055 6688 (8am - 6pm Monday - Friday)

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How is my claim processed?

On receipt of your completed claim form, and Medical Attendants Report, your claim is assessed by us. Underwriting checks on the details provided by you and your Doctor will then be performed to determine whether your condition is of a serious enough nature to allow payment of benefits to commence.