

Fast, paperless claims – savings that really add up!

At Zurich we know how important it is to assess claims quickly and efficiently, and we've designed our Group Income Protection claims process with this in mind.

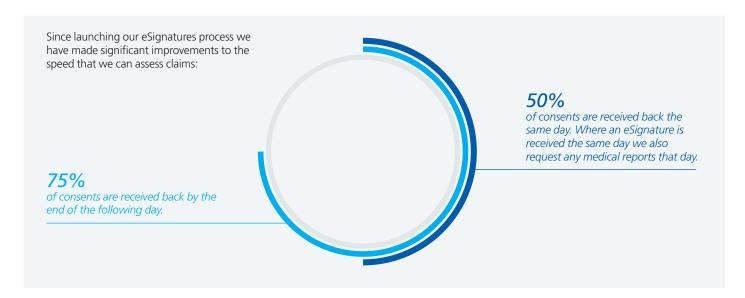
Our innovative approach to claims management means that we can assess claims quicker.

When we are notified of a claim we take the time to speak to the employee to gather the information that we need from them.

And because we talk directly to the employee there are no forms to complete, meaning we gather all the information we need for the basis of the claim over the phone. If the details given in the call were incorrect or have changed the employee will need to tell us before they sign the employee declaration and consent which also gives their consent for us to obtain any medical or other information we need to assess the claim. A recording of the call is available to the employee upon request. Collecting a paper consent or using a claim form to start the claims process typically takes between two and three weeks, so we've introduced eSignatures where

we've removed the need for paper consents as part of the claims assessment, further simplifying the process of making a claim.

By using eSignatures all consent forms can be completed online speeding up the claims process by an average of two weeks over a paper based process.



48-hour SLA

We have a 48-hour service promise which means that any correspondence relating to a claim is completed by the end of the day after we receive it. Compared to a standard five working day turnaround for actioning correspondence, we can achieve significant savings and can reduce the overall assessment time by several weeks.

Here is a live example of where our use of eSignatures and our 48-hour turnaround, really made a difference to Martin.

We were recently notified of an income protection claim for Martin, he was absent from work following major back surgery.

Linda, the HR adviser at his employer, contacted her dedicated Claims Case Manager at Zurich, Jade, to notify us of Martin's absence on 4 July. Jade arranged to speak to Linda to gather the full details on 7 July and following their call, Linda gave her consent, via eSignatures, for us to proceed with our claims assessment the same day.

Jade called Martin on 8 July and spoke to him about his absence. The following day he gave us his consent, using eSignatures, to allow us to approach his doctor. We wrote to his doctor later that same day.

This stage of the process only took six working days to complete due to the introduction of eSignatures. A traditional claims process, using claim forms, has a standard five-day turnaround to action any information received, so this scenario would have taken at least 20 working days without eSignatures.

We received Martin's payslips from his company while we were waiting for the medical report from the doctor, so we were able to calculate the level of benefits that would be payable to Martin. This calculation was completed within 48 hours of the receipt of the payslip.

We received the information we needed from Martin's doctor on 31 August and so Jade was able to accept the claim and confirmed the decision to the company the next day.

With a typical five or 10 day turnaround the company would have had to wait for up to two weeks to learn the decision. We were pleased to be able to confirm our decision the next day.

Our innovative approach saves 21 working days in this example, allowing us to confirm the claims decision to the employer a month earlier than with a traditional claims process.

eSignature process

Notification of claim received from Employer Day 1

As agreed Zurich and Employer discuss claim Day 4

Zurich calls employee to gather the information needed *Day 5*

Employee gives consent, via eSignatures, for Zurich to contact his doctor *Day 6*

Claim assessed and Zurich writes to the doctor Day 6

Payslips received from employer Day 8

Potential benefits payable calculated Day 9

REPLY FROM DOCTOR TOOK 38 WORKING DAYS

Medical information received from doctor Day 44

Claim accepted and company notified of decision *Day 45*

Typical paper based claims process

Day 1 Notification of claim received from employer

Day 2 Claim form sent out to employer and employee

Day 22 Completed claim forms received

5 DAY DELAY BEFORE CLAIM FORM ASSESSED

Day 27 Claim forms processed and a request for medical information sent to doctor, benefit calculation also completed and sent to employer

REPLY FROM DOCTOR TOOK 38 WORKING DAYS

Day 71 Medical information received from doctor

5 DAY DELAY BEFORE MEDICAL INFORMATION ASSESSED

Day 76 Claim assessed and company notified of decision

45 DAYS

> 76 DAYS

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