

Group Critical Illness

Claim form – employers

This form should be completed by a person authorised by the policyholder.

Please complete all sections with information known to you as the employer.

You may also wish to provide the 'Member and Eligible Partner Critical Illness details and consent form' or the 'Member and Eligible Child Critical Illness details and consent form' to the member at the earliest opportunity. These can be found **here**.

We will contact the member directly to obtain a fully completed details and consent form, and gather information to help us make a decision as early as possible.

We will also ensure that we signpost and facilitate appropriate support to the member and their family.

You can email forms and documents **zcr.critical.illness.claims@uk.zurich.com**

If you have any queries about completing this form or this claim, please call us on: 0800 101 4004 – Option 3. Our lines are open Monday to Friday 9am – 5pm (except for bank holidays). We may record or monitor calls to improve our service.

Name of policyholder

Name of employer

Policy number

Member details

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other (*please give details*)

Member's full name

Member's date of birth

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Address

Postcode

Telephone number

Email Address

Occupation

Salary (if applicable)

Sum insured at the date the definition was met	<input type="text"/>
Date they joined the company	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Date they were covered under the policy (if later)	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
Sum insured at date of joining the policy	<input type="text"/>

Details of the subject of the claim

Claim for	<input type="checkbox"/> Member <input type="checkbox"/> Eligible Partner <input type="checkbox"/> Eligible Child
Name	<input type="text"/>
Address	<input type="text"/>
Postcode	<input type="text"/>
Telephone number	<input type="text"/>
Email address	<input type="text"/>
Please let us know how you'd like us to get in touch	<input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone

Critical Illness Condition being claimed for (if known)	<input type="text"/>
---	----------------------

Please note: If claiming for Total Permanent Disability please provide the material and substantial duties of the role when submitting this form.

Date the Critical Illness Definition was met (if known)	<input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y
---	---

Policyholder declaration

I confirm and agree on behalf of the policyholder:

- I have verified the accuracy and completeness of the information provided to Zurich by the member's employer or policyholder in respect of the claim and confirm that to the best of my knowledge and belief that all the information given is correct and that no material information has been withheld.
- I understand that if the information or statements I have given about the claim or cover are incomplete, inaccurate or have not been updated if the information has changed, Zurich may not pay a claim, or if the information or statements I have given are untrue, the claim or cover may become void or be cancelled in accordance with Zurich's rights under the terms of the policy in which case no cover or other benefits will be provided.
- I have read the information relating to Data Protection and confirm that:
 - I authorise you to process this claim and use the information provided
 - all the information passed to Zurich has been obtained in accordance with the data protection legislation requirements, including those relating to obtaining individual consents to processing.
 - I understand that Zurich will contact the member and the subject of the claim if different, to assess the claim.
 - I understand that Zurich shall pay any benefit due in respect of a valid claim to the member, or otherwise in accordance with the policy terms and conditions, and such payment shall fully discharge Zurich's liability to the policyholder in respect of all benefits arising from that valid claim.
- By signing this Policyholder declaration I confirm I am authorised to complete and sign this form on behalf of the policyholder and to provide the information in respect of the claim.

Signed for and on behalf of the policyholder.

Name

Position at company

Date

D

D

M

M

Y

Y

Y

Y

Signature

Data Protection Statement

Zurich takes the privacy and security of personal information seriously.

We collect, use and share personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed [here](#).

Please let us know if you would like a copy of this in large print, braille or audio.

