

Zurich Corporate Risk

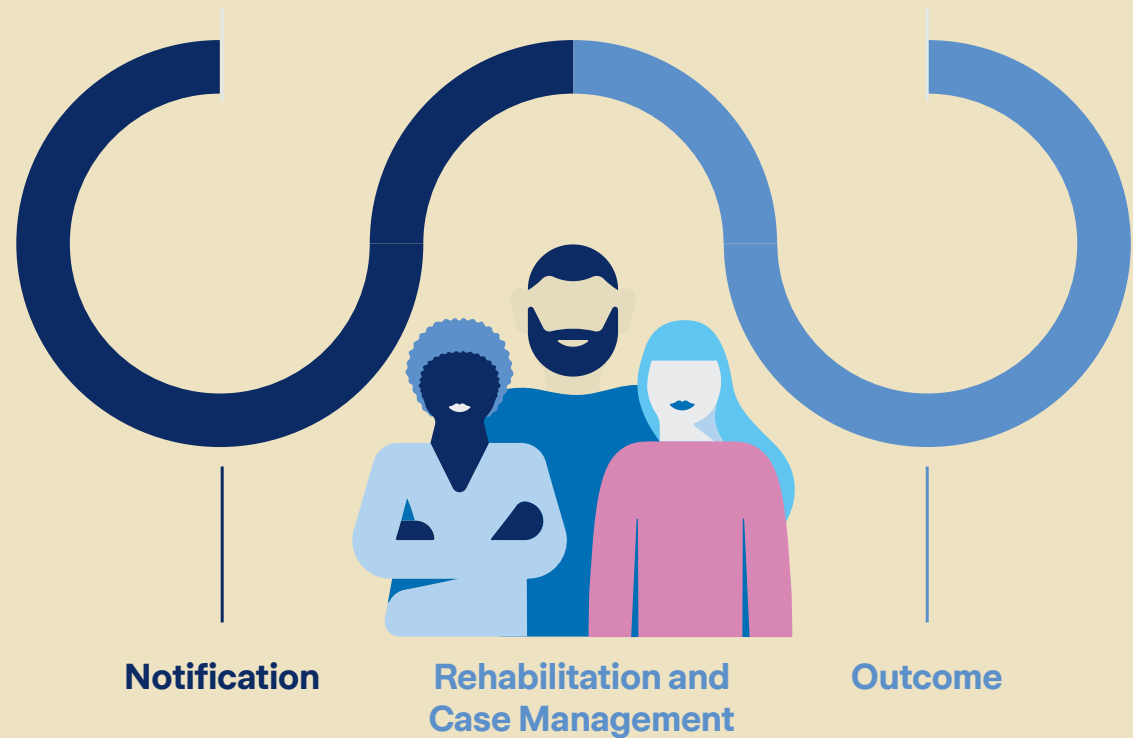
Group Income Protection
claims process for large
schemes



Zurich Corporate Risk

Group Income Protection claims process

The claims and rehabilitation services team at Zurich are on hand to help you manage employee absence from the earliest stage. You have a dedicated Claims Case Manager assigned to your scheme to coordinate all rehabilitation and claims activity. They are the single point of contact for you and your employees. Here is the process.



Notification

The sooner you let us know of a potential absence, the sooner we can help. You should call your Case Manager about any employees absent for four weeks or more. Your Case Manager is also on hand to discuss shorter absences if you're concerned it could become longer term, or employees who are still at work if they're likely to become absent without support.



To make a claim, you'll need to complete our notification form and send it to **ZCR_Claims@uk.zurich.com**

Once we've received the form, we'll:

- call you if we have any questions about the claim
- use eSignatures so there's no paperwork for you to complete
- ask for your consent to speak to your employee.



Along with the claim form, we'll need you to provide us with:

- the employee's last 3 payslips
- job description of the absent employee
- any medical certificates and Occupational Health Reports, if you have them
- 12 month absence record.



Within 48 hours of receiving your application and consent, we'll:

- call your employee
- gather all the information we need over the phone
- use eSignatures to send your employee our declaration and consent form, which gives us consent to access medical or other information we need to assess the claim (this means we can request the information the same day).

If any of the details given in the employee call were incorrect or have changed, they'll need to let us know before they sign the employee declaration and consent.

A recording of the call is available to the employee if requested.

Because we use eSignatures, we can complete the notification process and request medical information in as little as 5 working days.

Rehabilitation and case management

We understand the importance of keeping you informed through each claim, that's why we work with you to arrange a contact strategy that complements the way you work.



- We'll always look for opportunities to support you and your employee with rehabilitation.
- Where appropriate, we'll engage a rehabilitation consultant and work closely with them.
- We'll assess the claim and advise on the best course of action.
- Your rehabilitation consultant will work with you and your employee, and begin work on a graded return to work plan, where applicable.



- We'll consider paying for treatment if it will assist with a return to work plan.
- We'll work with any healthcare providers already involved with your employee.
- We'll collect any medical evidence needed to further assess the claim – this could mean writing to a doctor or any independent practitioner, treating practitioners and independent experts.



All of these stages are done as quickly as possible, often within 48 hours of receiving the required information.

The assessment of claims is typically a 6 to 8 week process.

Outcome

Your Case Manager is a trained decision maker supported by professional qualifications. And within 48 hours of receiving all the information needed to assess a claim, they'll be able to make their decision.



Accepted claims

If we can pay a claim we'll contact you to let you know.

We'll then set up monthly payments and regular reviews.

We'll keep in contact with you throughout the claim, as requested, and assist in creating a return to work plan, where applicable.



Declined claims

We'll call you to let you know the outcome and to explain our decision, with a formal communication to follow.

If you decide to appeal against a decision, you should call your Case Manager.

A truly dedicated service



A Dedicated Case Manager

Each claim has its own dedicated Case Manager who is professionally qualified to personally manage all aspects of the claim, including early intervention and rehabilitation activity.



48-hour turnaround

When dealing with claims at Zurich, we know how important it is to act quickly. That's why we process all claims related activity as quickly as possible, often with 8 hours.



Access to Rehabilitation Services

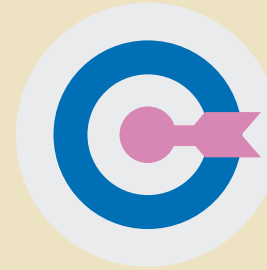
Where applicable, our customers and their employees have access to our medically and vocationally qualified registered nurses, with extended scope training and specialties, who will provide advice and guidance to support a successful return to work.

A truly dedicated service



eSignatures

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



Additional health and wellbeing support

Our customers and their employees have access to a wide range of health and wellbeing support and services, you can find out more **here**

If you have any questions,
please contact us
– we'll be happy to help.



Call us on: **0800 181 4004**



Email: **ZCR_Claims@uk.zurich.com**



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