

# Your call with Zurich

When you notify us of a claim, we need to gather as much information as we can to allow us to consider rehabilitation opportunities and review a claim in the quickest and most effective way.

The call with your dedicated claims case manager is also an opportunity for you to ask any questions about the rehabilitation and claims process.

There are various pieces of information that we will ask you to provide during the call, but don't worry if you don't have some of the information – we can collect this from you at a later time.



## Summary of Information

As a guide here is a summary of the information we will be asking you to provide:

- |  |   |
|--|---|
| <b>1</b> A summary of the circumstances surrounding your employee's absence and illness.   | <b>4</b> A description of the role that your employee performs, including the hours they work and their normal working pattern. |
| <b>2</b> The date that the absence started and details of any previous related absences so that we can calculate the claim start date.             | <b>5</b> Confirmation of any medical providers such as EAP, PMI or OH health that you work with.                                |
| <b>3</b> Confirmation of your employee's salary and any other details of their income relevant to the salary definition applicable to your policy. | <b>6</b> Your employee's name, address, date of birth and telephone contact details.  |

Following the call we'll send you a short consent form for you to complete electronically and we'll ask for your permission to contact your employee directly to collect the information that we need from them.

Your claims case manager will also arrange to keep you updated regularly on the progress of the claim and provide you with their direct contact details.

## 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 our standard turnaround time on all aspects of claims processing is 48 hours.



### Fast paperless claims

And because our customers talk directly to their case manager, there are no forms to complete, meaning we gather all the information we need for the basis of the claim over the phone.



### eSignatures

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



### Pay Direct

In accordance with the terms of the policy, we can continue paying income benefits direct to individuals who are no longer employed by you, managing the relationship with them moving forwards. We also keep the same definition of disability, rather than following the convention of changing the definition of disability to 'suited' (a more restrictive definition than 'own' occupation).



### Crisis24

A new, free of charge service for our customers (and their employees), which gives access to online worldwide security and health information. This is particularly relevant for employees who travel overseas.

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

 **0800 181 4004**   [\*\*@ZCR\\_Claims@uk.zurich.com\*\*](mailto:@ZCR_Claims@uk.zurich.com)

**Zurich Assurance Ltd.**

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