

Our guide to Cancer Claims

Our expert team understand that claims for serious illnesses such as cancer, need to be handled quickly and sensitively. Our innovative approach ensures that we are able to reach a claims decision with the minimum of fuss.

1. NOTIFICATION

You should notify us of a potential claim as soon as possible and we will allocate you a dedicated case manager.

Your case manager will gather the initial information we need from you, including fit notes, which your employee will have sent to you. We will ask for your consent to process the claim, using electronic signatures.

In most cases we will be able to provide you with a decision in principle, confirming the claim will be paid at the end of the deferred period, based on our conversation and the fit notes provided.

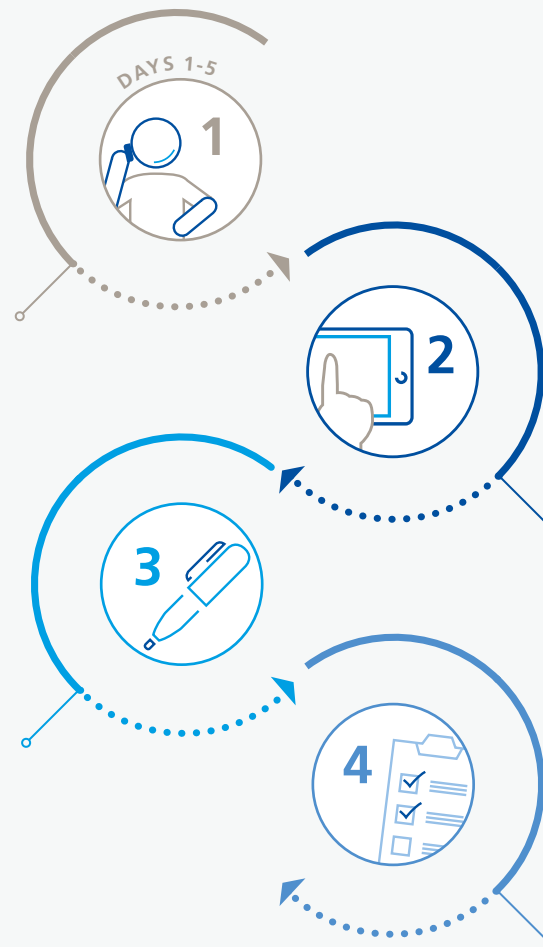
We will usually do this within a week of your original notification.

50% of consents are received back the same day.

75% of consents are received back by the end of the following day.



*The total time to assess and admit a claim can be **less than five days**.*



2. ASSESSMENT

Usually we will only speak to your employee around 1 month before the deferred period ends to get an update on their situation and treatment.

We will also ask for their consent using electronic signatures so we can request medical information to help us to review the claim.

3. DECISION

As soon as we've received your employees consent, we will provide you with our formal acceptance of the claim including details of the payments which are due.

4. CLAIMS CASE MANAGEMENT

We will keep in touch regularly with you and your employee to review their progress and to ensure that we are able to offer rehabilitation support at the appropriate time.

All of our reviews are completed over the telephone with no forms to be completed.

Zurich Assurance Ltd.

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