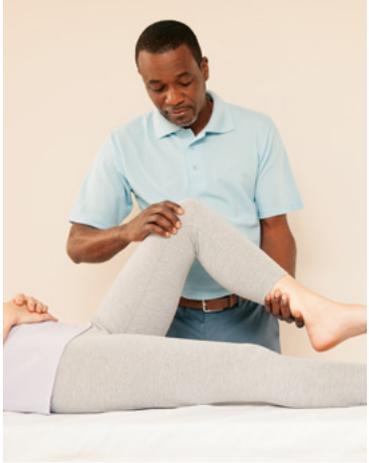


Zurich Corporate Risk –
Group Income Protection claims process

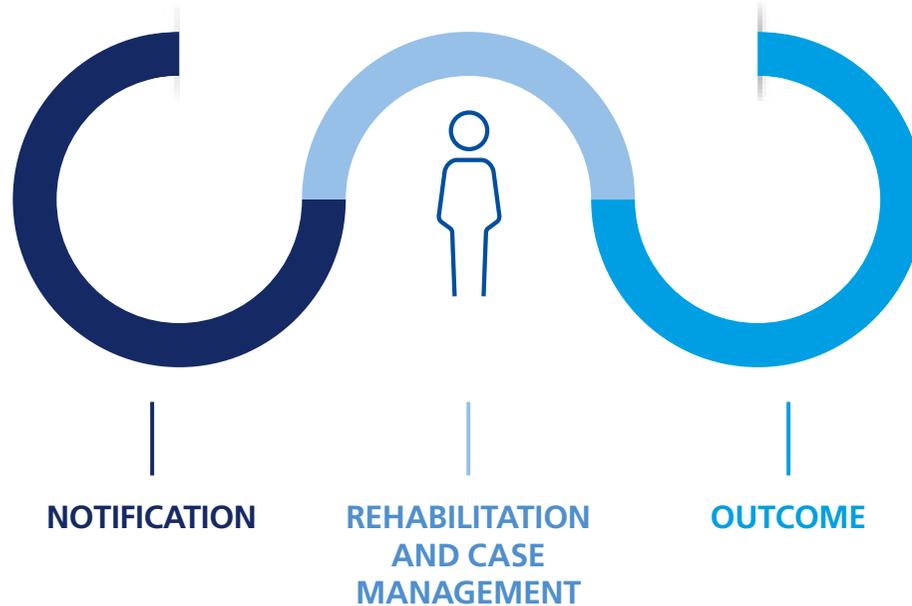
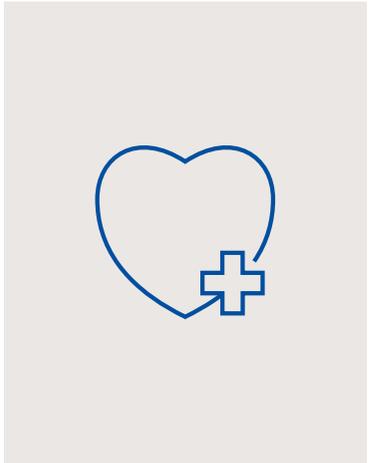




The claims and rehabilitation services team at Zurich are on hand to help you manage employee absence from the earliest stage.

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

1

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 are concerned it could become longer term, or employees who are still at work if they are likely to become absent without support.



A call to your Case Manager starts the claims process and within 48 hours of that call, we will:

- speak to you and gather the information we need over the phone
- use eSignatures so there's no paper work for you to complete
- obtain verbal consent from you to speak to your employee.



Following the call we'll ask you to send us the following information:

- The employee's last 3 payslips.
- Job description of absent employee.
- Any medical certificates and Occupational Health Reports if you have them.
- 12 month absence record.

We'll confirm these requirements to you in an email.



Within 48 hours of speaking to you we will:

- call your employee
- gather all the information we need over the phone, so no need to complete any forms
- send a summary of the information provided to your employee
- use eSignatures as a consent to access medical information (which means we can request medical information the same day).

Because we speak to you and your employee to action information quickly, and through the use of eSignatures we can complete the notification process and request medical information in as little as 5 working days.

Rehabilitation and case management

2

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 will 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 required 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 actioned within 48 hours of receiving the required information.

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

Outcome

3

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 to you and a formal communication will follow.

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

A truly dedicated service

4



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. We'll simply send an email summary of the conversation, which means we gather just the information we need, no more. This makes the process fast and efficient.



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 – included

Pay Direct is included as a standard feature of our group income protection proposition. So, in accordance with the terms of the policy, we can continue paying 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).

WorldAware[®]

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.



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