

# Group Income Protection Policy Employer claim

PO Box 1411  
Sunderland  
SR5 9RB

[metlife.co.uk](http://metlife.co.uk)

**To be completed by the policyholder**

You are under a duty to make a fair presentation of the claim when providing information to us and by completing this claim form. If you deliberately, recklessly, or otherwise, fail to comply with the duty of fair presentation, the insurance cover provided under the policy may be void, the policy premium may be retained by us and it may result in a claim for benefit being rejected or any benefit payable in respect of a claim being reduced.

MetLife policy number

Scheme name

Contact name

Contact job title

Contact address

City

Country

Postcode

Telephone number

Email address

**1 - Claimant details**

Claimant name

Date of birth

D D M M Y Y Y Y

National Insurance number

Address

City

Country

Postcode

Date claimant joined company

D D M M Y Y Y Y

Date claimant joined the scheme (if scheme was previously insured with another insurer)

D D M M Y Y Y Y

Date claimant became covered under the MetLife Group Income Protection policy

D D M M Y Y Y Y

First date of absence

D D M M Y Y Y Y

What was the claimant's salary prior to incapacity (as defined in the policy)?

If pension scheme contributions are insured under the policy, please confirm the following:

Date eligible to join pension scheme

Type of pension scheme

Date joined pension scheme

D D M M Y Y Y Y

D D M M Y Y Y Y

Basis of contribution

Company pension scheme retirement age

Employer

Claimant

Is the claimant covered by a Private Medical Insurance arrangement?

Yes

No

Has employment been terminated?

Yes

No

If 'Yes' please advise date

D D M M Y Y Y Y

**2 - Details of occupation (to be completed by line manager or human resources (HR))**

- 1. What is the claimant's job title?
  
- 2. Please confirm address of claimant's place of work

City	Country	Postcode
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- 3. Please detail the requirements of the job - claimant's daily duties

% of daily work	<10%	10% - 30%	30% - 50%	50%+
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- Sitting
- Standing
- Walking
- Lifting
- Climbing
- Other (please specify)

If the claimant's job involves lifting please confirm the amounts

% of daily work	<10Kgs	10 - 20Kgs	20 - 30Kgs	30 - 40Kgs	40+Kgs
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- Rarely
- Moderately
- Frequently
- Constantly`

If travel is required, please state what type of transport they would normally take. If they drive, what is the average mileage travelled per annum (excluding travel to and from work)?

How does the claimant travel to and from work?

Is parking available on site?	Yes	No
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- 4. a. How many hours is the claimant contracted to work per week?
  
- b. Are they involved in work shift, weekend work or required to work additional hours on a regular basis? Yes      No  
 If 'Yes' please give details.

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5. Are there any special licenses required for the claimant to carry out the job? If 'Yes' please give details. Yes No

6. Are any special skills, qualifications or tools required? If 'Yes' please give details. Yes No

7. What level of manual dexterity is required?

8. In what environmental conditions would they normally be working? (e.g. shift work, office, factory, any extremes of heat or cold, outdoors etc)

9. Is a job description available? If 'Yes', please enclose a copy. Yes No

10. Are there any other duties of the role to help us understand the requirements of the role?

**3 - Details of absence**

1. Date first absent from work or unable to perform full duties of role due to illness or injury?

D D M M Y Y Y Y

2. Nature of illness, injury and / or condition preventing work?

3. Are absence records included for the last two years? Yes No

4. At what stage does their salary reduce during absence and to what level?

5. Has the claimant taken early retirement or been retired on ill health grounds? Yes No

a. If 'Yes', please advise pension details (if applicable) and the date this started

D D M M Y Y Y Y

6. To what extent is the illness, injury and / or condition affecting the claimant's ability to carry out the main activities of his/her role:

7. Prior to absence was the claimant able to complete tasks to the required standard? Yes No

If 'No', please provide details.

8. Were / are there any performance, disciplinary and / or attendance issues? Yes No

If 'Yes', please provide details.

9. Has the treating medical practitioner indicated whether the claimant can return to work on a modified basis?

On a phased basis      Amended duties      Altered hours      With workplace adaptations

10. Has a return to work date been discussed or agreed? Yes No

11. When were you last in contact with this claimant?

D D M M Y Y Y Y

12. Has a home visit been carried out? If 'yes', when? Yes No

D D M M Y Y Y Y

- |  |     |    |
|--|-----|----|
| 13. Have you, or do you intend to discuss possible rehabilitation?   | Yes | No |
| 14. Are there any opportunities for a return to a different role within the company?   | Yes | No |
| 15. Do you have an occupational health nurse or doctor, and have they been in contact with the claimant?<br>If 'Yes', please provide copies of any correspondence. | Yes | No |
| 16. Is there anything else which you feel has a relevance to this claim?   |     |    |

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#### 4 - Early Intervention

MetLife offers early intervention services to support you and the claimant when they are unable to carry out their full role. This service offers practical and focused intervention aimed at understanding what is preventing work and what could be done to facilitate a return to the workplace. If you are not already receiving this support and would like to talk to us about it, please provide your contact details below.

Name

Telephone number

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#### 5 - Payment section

If the claim in respect of the claimant is admitted, benefit payments will be made to the policyholder. Please confirm details of the account to which benefits should be paid:

Name of company account to be credited

Bank Sort Code

Bank or Building Society Account Number

- -

Bank name

Bank address

City

Country

Postcode

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#### 6 - Data protection

MetLife is a data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, [www.metlife.co.uk](http://www.metlife.co.uk).

### 7 - Employer declaration

We declare that the information disclosed by us in this claim form is true, accurate and complete. We understand that if we provide untrue, misleading or inaccurate information deliberately, or recklessly, or carelessly, it may result in the claim being rejected. We declare that the only reason for the Claimant's absence from work has been the disability or incapacity specified within this claim form and the claimant's claim form in support of our claim.

Name

Date

D D M M Y Y Y Y

Signature

Position

Email address

Address

City

Country

Postcode

#### Required information to provide

- Absence records
- Proof of income
- Any medical information you have in respect of the claimant, including occupational health reports, that is of relevance to the claim.

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