

# Employer Claim Form

MetLife  
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metlife.co.uk

## Previous HCB Group involvement for Early Intervention

This form is to be completed if your employee has already received assistance from our Early Intervention partner, HCB Group (HCB). Since we already have most of the claim information on file, we just need a few additional pieces of information from you.

### To be completed by the employer

You are under a duty to provide true, accurate, and complete information in this claim form and when providing information to MetLife in order for us to assess your claim. If you provide misleading information it may result in the claim being rejected. If the requirements under our claims procedures are not complied with we may not pay the claim.

Policy number

Employer name

### 1 - Employee details

Employee name

What was the employee'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

Date joined pension scheme

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D D M M Y Y Y Y

**2 - Details of occupation (to be completed by Line Manager or Human Resources (HR))**

1. Please detail the requirements of the job - employee'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 employee'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

2. a. How many hours is the employee contracted to work per week?

b. Are they involved in shift work, weekend work or required to work additional hours on a regular basis? If 'Yes' please give details.	Yes	No
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**3 - Details of absence**

1. Prior to absence was the employee able to complete tasks to the required standard? If 'No', please provide details.	Yes	No
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2. Were / are there any performance, disciplinary and / or attendance issues? If 'Yes', please provide details.	Yes	No
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#### 4 - Payment section

If the claim in respect of the employee is admitted, benefit payments will be made to the employer. 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

County

Postcode

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#### 5 - 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).

Should you have any questions or concerns, please contact the MetLife Data Protection Officer at [dataprotectionuk@metlife.com](mailto:dataprotectionuk@metlife.com).

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#### 6 - 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, it may result in the claim being rejected. We declare that the only reason for the employee's absence from work has been the disability or incapacity specified within this claim form and the employee's claim form in support of our claim.

Name

Date of signature

D D M M Y Y Y Y

Signature

Position

Email address

Address

City

County

Postcode

Telephone number

## Required information to provide

- **Absence Records**

If the employee has had frequent short term absences of 2 weeks or more, and you'd like us to consider linking these periods together, please provide absence records covering the relevant periods.

- **Salary Confirmation**

If there has been a significant change in the employee's salary (more than 5%) since the membership data was supplied to us, please provide a copy of a payslip to confirm the salary being claimed (in line with the policy cover). Please note if we link periods of absence, the claim will be based on the salary prior to the initial absence date.

- **Medical Information**

We understand that employees often have copies of their Consultant or Specialist reports, if they're able to email copies of these, it may speed up the claims process. Reports can be sent to us directly if the employee prefers at [ebclaims@metlife.uk.com](mailto:ebclaims@metlife.uk.com), or to the postal address on the bottom of this email.

[metlife.co.uk](https://www.metlife.co.uk)

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