

Group critical illness employer claim form



About this form

This form is to be completed by the employer.

Please use BLOCK CAPITALS.

If you have any copies of consultant/GP letters, please provide these along with the fully completed form.

If you need to check whether a specific condition or procedure is covered under the policy, please get in touch with us using the contact details at the end of this form.

To protect against financial crime, we may need to confirm the member's identity from time to time. We may do this by using reference agencies to search sources of information about the member (an identity search). This will not affect the member's credit rating. If this identity search fails, we may ask the member for documents to confirm their identity.

1. About the employer

- 1.1 Scheme name
- 1.2 Policy number
- 1.3 Employer's contact name
- 1.4 Telephone number
- 1.5 Employer's name
- 1.6 Employer's contact address

Postcode

Please tell us the address where the member is normally employed (if different from above)

Postcode

