

****SECTION 1: PERSONAL DETAILS**

Policy number	
National insurance number	
Title	
First name	
Surname	
Date of birth	
Address	
Postcode	
Correspondence address <i>(If different)</i>	
Home telephone number	
Mobile telephone number	
Email address	
Bank account number	
Branch sort code	
Name of account holder(s)	
Bank name	
Have you ever claimed under this policy, or any other accident, sickness or unemployment policy? <i>(If yes, please provide details including claim numbers)</i>	Yes No



SECTION 1: PERSONAL DETAILS

Are you claiming with another insurer or on any other insurance policies for this period of unemployment? *(If yes, please provide details including policy schedules)*

Yes

No

SECTION 2: ABOUT YOUR EMPLOYMENT

Occupation prior to unemployment	
Duties	
Were you working full time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was your employment:	<input type="checkbox"/> PAYE <input type="checkbox"/> Self-employed <input type="checkbox"/> Contract worker
Employer name	
Address	
Postcode	
Telephone number	
Dates employed	Start date: End date:
On what date did you last work?	
Gross annual salary (Not including bonuses or overtime)	
When did your unemployment commence?	
When were you first notified of your redundancy or unemployment?	
What was the reason for your unemployment?	



SECTION 2: ABOUT YOUR EMPLOYMENT

Did you leave your employment to become a full-time carer?

Yes No

Have you worked for the same employer for 12 months or more? Yes No
(If no, please provide the name and full postal address of your previous employer. If self-employed, please state self-employed and give the full name and address of your accountant)

Are you currently undertaking any paid or unpaid work?
(If yes, please provide details)

Yes No

Do you have any other business interests, shares or directorships, in any companies, including any projects that are currently being developed?
(If yes, please provide details)

Yes No


SECTION 3: EMPLOYER'S STATEMENT TO BE COMPLETED BY EMPLOYER

Employee's name	
Position held	
Date employment commenced	
Date employment ended	
How many hours per week was the employee contracted to?	
<p>Was the employee employed on a:</p> <p><input type="checkbox"/> Permanent basis <input type="checkbox"/> Fixed term contract <input type="checkbox"/> Temporary basis <input type="checkbox"/> Seasonal basis</p> <p><i>(If fixed term contract, please give dates of contract, the number or times the contract has been renewed, and details of each contract)</i></p>	
<p>Please confirm the employee's normal job title and duties:</p>	
<p>Please confirm the employee's gross annual salary</p>	
<p>On what date did the employee last work?</p>	
<p>Date notice was given verbally</p>	
<p>Date notice was given in writing</p>	
<p>What was the employees contractual notice period? <i>(Please provide details)</i></p>	


SECTION 3: EMPLOYER'S STATEMENT TO BE COMPLETED BY EMPLOYER

What date was the employee first aware their job was at risk?

Reason for termination of employment:

- Involuntary Redundancy Voluntary Redundancy Industrial Action
 Voluntary Resignation Illness Employer Ceased Trading Dismissal Other

(If dismissal or other, please supply details)

Can you confirm that the following reasons for termination can be excluded:

- Resignation Misconduct

(If not, please supply details)

How was the employee notified of their unemployment or redundancy?

- Written Verbally Both

What date did the consultation period first begin?

Did they receive any payment in lieu of notice?
(If yes, what does this payment extend to?)

Yes No

Did the employee sign a settlement agreement?
(If yes, please provide details)

Yes No


SECTION 3: EMPLOYER'S STATEMENT TO BE COMPLETED BY EMPLOYER

<p>Had the employee received any warnings in respect of their performance, or were they undergoing any disciplinary proceedings within 6 months preceding the termination date? <i>(If yes, please provide details)</i></p>		Yes	No
<p>Was the employee offered any alternative employment? <i>(If yes, please provide details)</i></p>		Yes	No
Name and address of company			
Post code			
Company telephone number			
Company stamp, or if no company stamp, please attach a signed compliments slip or business card			
Your name			
Employment title			
Signature			
Date of signature			




SECTION 4: SELF-EMPLOYED TO BE COMPLETED BY ACCOUNTANT

Name of client	
Tax reference number	
Is your client paying class II national insurance contributions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Nature of business and trading name	
Did they work over 16 hours per week?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was it a limited company? If yes, please provide registered company number.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Did your client own his or her own business?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Were they employed as a sub-contractor? If yes, was income tax deducted at source?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On what date was your client aware that the business might need to cease trading?	
Date self-employment commenced	
Date self-employment ended	
Reason for termination of self-employment	
When were the inland revenue informed of cessation of trading?	


SECTION 4: SELF-EMPLOYED TO BE COMPLETED BY ACCOUNTANT

Have they acknowledged the receipt?	
Has the company been put in the hands of an insolvency practitioner following the actions of a third party acting outside of the business? <i>(If yes, please provide details)</i>	Yes No
Please attach a copy of the last 3 years trading accounts, a copy of the last tax assessment, and a copy of cessation of trading letters plus inland revenue acknowledgement letter. If you cannot provide any of the above documentation, please advise why:	
Accountant's signature	
Print name	
Date	
Telephone number	
Company stamp <i>(If you do not have a company stamp, please provide a letter validating information)</i>	





SECTION 5: FURTHER INFORMATION

Where more than one answer is available please circle the most appropriate:

Do you have a Directorship to any business	Yes	No
Are you registered with or associated to any other Company / Business, either Ltd or Non Ltd?	Yes	No
If yes, please give details		
Please confirm the address of your/the business: (And the registration number if applicable)		
Please confirm the period that the business has been running from this address:		

CLAIM FORM APPLICATION - CHECK LIST

- **Section 1 – To be completed by you**
- **Section 2 – To be completed by you)**
- **Section 3 – To be completed by your employer**
- **Section 4 – To be completed by your accountant (only if self-employed)**
- **Section 5 / 6 – To be completed by you****

It would also be helpful if you provided copies of your sick notes to confirm the dates you have been certified as unfit to work by your doctor.



SECTION 6: JOB SEARCH TO BE COMPLETED BY YOU

Confirmation of your Job Search:

Please provide confirmation of your Job Search activities for the period in the table below. (This should include any job clubs, employment agencies, any training, or educational courses you have attended/going to attend, and if you have been offered a job, your start date);

JOB APPLIED	DATE	HOW APPLIED	NAME, ADDRESS & CONTACT NO.	OUTCOME	NEXT STEPS & DATE
<i>Office admin</i>	<i>01/01/2018</i>	<i>Online</i>	<i>John Smith & Co, Brighton & Hove 01273 000 330</i>	<i>Interview arranged</i>	<i>Attend interview on 15/01/2018</i>

Declaration to be completed by the claimant:**

I declare that the answers I have provided on this certificate are true and complete to the best of my knowledge and honest belief. I confirm that I have disclosed to you any work that I have undertaken, either paid or unpaid, since the commencement of this or any other current claim. I am aware that if I knowingly give incorrect information I will lose all rights under the policy, I will have to repay any benefit I have received and legal action could be taken against me. I confirm that I am actively seeking full-time employment.

Signature: _____ Date: _____

****Failure to return this form, with documentary evidence (including a copy of your bank statement to show benefit has been paid), will delay your claim.****

**SECTION 6: DECLARATION TO BE SIGNED BY YOU**

I wish to claim under the terms of the policy and declare that to the best of my knowledge and belief I am eligible to do so, that the answers set out in this form are true and complete and I agree that any benefit payments made as a result of a known incorrect statement by me shall be repayable. I authorise my employer(s), the Employment Service/Benefits Office, The Inland Revenue/Tax Office, any Insurance office, my intermediary and my lender to provide Claims Cog Limited with any information relevant to this claim if required. I understand a representative of Claims Cog Limited may call for additional information. A copy of this authorisation shall be as effective and valid as the original.

Insurers and their agents share information with each other to prevent fraudulent claims via a Register of claims. A list of participants and the name and address of the operator of the Register are available on request. I understand that Claims Cog Limited may search the Register and that any information that I have supplied previously, the information I supply on this form and any other information relating to a claim, will be provided to the participants. I consent to Claims Cog Limited seeking any information, which it considers appropriate in connection with this claim, and authorise the giving of such information. In addition insurers, lenders and their agents may share information I have provided to them and may also undertake checks against publicly available information as necessary. I understand that you may seek information from other insurers to check the answers I have provided.

In order that my claim may be dealt with as speedily as possible, I consent that Claims Cog Limited may;

- Obtain any information, which they consider appropriate to my Protection Insurance claim including sensitive and personal information
- Contact my Finance House to discuss the terms of my Credit Agreement and to obtain any further information they deem necessary to process my claim
- Provide information or discuss all matters relating to my Protection Insurance claim, which may include Personal or Sensitive Data defined under the Data Protection Act 1998, and the General Data Protection Regulation (GDPR) with my Finance House or Supplying Dealer (if applicable)

Print Name: Signature:
Date:

Note: We may obtain independent confirmation of information given in this claim form. Whilst the vast majority of claimants complete their claim honestly and truthfully a small number do deliberately make false declarations. If we become aware that a person has wilfully made any false declarations we do reserve the right to refer the matter to the appropriate authorities.

Please check you have included all requested information. Any information you are in doubt about should be disclosed. All additional documentation should be included where possible, but please do not delay in sending your form in.

FAILURE TO COMPLETE THIS FORM MAY RESULT IN A DELAY IN PROCESSING YOUR CLAIM

ADDITIONAL INFORMATION**Please return this form to:-**

Claims Cog Limited, Gemini Business Centre,
136-140 Old Shoreham Road, Hove, BN3 7BD



Data Protection and Privacy

We, Claims Cog Limited, are the data controllers (as defined by the Data Protection Act 1998 and all applicable laws which replace or amend it, including the General Data Protection Regulation) who may collect and process your personal information.

For full details of what data we collect about you, how we use this, who we share this with, how long we keep it, and your rights relating to your personal data, please refer to our Privacy Notice.

If you do not have access to the Internet, please write to the Group Data Protection Officer at the address listed below, with your address and a copy will be sent to you in the post.

In summary:

We, Claims Cog may, as part of our agreement with you under this contract, collect personal information about you, including:

- Name, address, contact details, date of birth and cover required
- Financial information such as bank details
- Details of any claim

We will also collect personal information about any additional people who you wish to be insured under the policy.

We, may also collect sensitive personal information about you, and any additional people who you wish to be insured under the policy, where the provision of this type of information is in the substantial public interest, including:

- Medical records to validate a claim should you be claiming for sickness or an accident.

We, collect and process your sensitive personal information for the purpose of insurance and claims administration.

All phone calls may be monitored and recorded and the recordings used for fraud prevention and detection, training and quality control purposes.

Your personal information may be shared with third parties which supply services to us or which process information on our behalf (for example, premium collection and claims validation, or for communication purposes related to your cover). We will ensure that they keep your information secure and do not use it for purposes other than those that we have specified in our Privacy Notice.

Some third parties that process your data on our behalf may do so outside of the European Economic Area ("EEA"). This transfer and processing is protected by EU Model Contracts which aim to provide the equivalent level of data protection to that found in the EU.

We will keep your personal information only for as long as is necessary to fulfil the purposes for which the personal information was collected (including for the purpose of meeting any legal obligations).

We will share your information if we are required to by law. We may share your information with enforcement authorities if they ask us to, or with a third party in the context of actual or threatened legal proceedings, provided we can do so without breaching data protection laws.

If you have any concerns about how your personal data is being collected and processed, or wish to exercise any of your rights detailed in our Privacy Notice, please contact: ****Data Protection Officer, Claims Cog Limited, Gemini Business Centre, 136-140 Old Shoreham Road, Hove, East Sussex, BN3 7BD or call 0333 344 7508.****