

Income Protection Claims



Irish Life

Employment Information Form

Please read every question carefully and complete every item on this form in **BLOCK CAPITALS**.

If any item is blank or illegible, this may cause a delay in processing your claim.

This form must be fully completed and returned to the Income Protection Claims Team, Irish Life, no later than: (a) 2 calendar months from the date of commencement of disability if the deferred period is 13 weeks, or (b) 4 calendar months from the date of commencement of disability if the deferred period is 26 weeks, or (c) 8 calendar months from the date of commencement of disability if the deferred period is 52 weeks, together with a Claim Form completed by the claimant. **Please provide a birth certificate with this form (a copy will suffice)**. A Medical Certificate must also be furnished without expense to Irish Life. The issue of this form is in no way an admission of liability.

1. CLAIM DETAILS

Name of Employer	<input type="text"/>																																			
Address	<input type="text"/>																																			
	<input type="text"/>																																			
Email address	<input type="text"/>																																			
Telephone number	<input type="text"/>										Mobile number	<input type="text"/>																								
Group Policy number	<input type="text"/>																																			
Name of Claimant	<input type="text"/>																																			
Job Title	<input type="text"/>																																			
Date of Birth	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>											
Exact date of ceasing work	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>								
Date of joining service	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		
Date of joining Income Protection Plan	<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>			<input type="text"/>		

2. JOB DETAILS

1. Is a detailed job description available? If yes, please enclose a copy with this form. yes no

2. If a written job description is not available, please describe the occupation in detail below.

<input type="text"/>																													
<input type="text"/>																													
<input type="text"/>																													

3. (a) Is the claimant employed on a permanent or contract basis permanent? contract?

(b) If on contract, please confirm the duration and expiry date of contract duration expiry date

(c) If on permanent basis full time? part time?

(d) What are their standard working hours per week? hrs per wk

(e) Is there a requirement for overtime? yes no hrs per wk

4. Does the employee's job involve any of the following?

(a) walking yes no hrs per day

(b) standing yes no hrs per day

2. JOB DETAILS continued

(c) bending	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day			
(d) sitting	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day			
(e) climbing	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day			
(f) lifting	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day	<input type="text"/>	Max. wts. lifted	
(g) driving	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day	<input type="text"/>	Mileage p.a.	
(h) working at heights	yes	<input type="checkbox"/>	no	<input type="checkbox"/>	<input type="text"/>	hrs per day	Details <input type="text"/>		
<input type="text"/>									

5. Are any special licences or qualifications required for the employee to carry out the job? If yes, please give full details. yes no

6. Are any special skills or tools required? If yes, please give full details. yes no

7. Does the job require a degree of manual dexterity? If yes, please outline below the full extent and range of dexterity required. yes no

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

9. Is the employee required to operate machinery? If yes, please give full details. yes no

3. EMPLOYMENT DETAILS

1. What was the claimant's exact salary on the following dates?

(a) Renewal date immediately preceding date of disablement Annual Salary €

(b) Date of disablement (ie date of ceasing work) Annual Salary €

2. Is the employee still in receipt of sick pay? yes no

If yes, monthly amount € How long will this be paid for?

If no, when did it cease? / /

3. Is their job still available on recovery? yes no

4. Has the claimant performed any work since becoming disabled? If yes, please outline the exact nature of duties performed together with earnings received. yes no

3. EMPLOYMENT DETAILS continued

5. Is the claimant still an employee of the Company? If not, when was he/she issued with a P45? yes no
6. Do you keep in regular contact with the claimant? yes no
7. When did you last have a discussion with the claimant concerning his/her disability?
8. Have you had any recent discussions with the claimant regarding returning to work? If yes, what was the outcome? yes no
9. If you have not had any recent discussions do you intend on doing so in the near future? yes no
If yes, please confirm when you are planning to do so?
10. Do you have an occupational health nurse or doctor? yes no
If yes, do they keep in regular contact with the employee? yes no
Please advise exact date(s) and outcome of last consultation(s) and details of any future appointments.
11. Do you have an Employee Assistance Programme? If yes, has the employee availed of this? yes no
12. Is the Company in a position to facilitate a phased return to work (if medical evidence supports this) with a view to the claimant eventually resuming full-time work? If no, please outline below the reasons why this is not possible. yes no
13. If medical evidence confirms the claimant is unfit to resume his/her normal occupation indefinitely would the Company consider an offer of alternative employment (depending on medical evidence and the fitness of the claimant to do the alternative job)? yes no
If yes, please outline below the alternative occupations that could be offered by the Company to the claimant .

4. OTHER CLAIMS

1. Is the claimant currently pursuing an employer's liability or third party claim in connection with this disablement? yes no
If yes, please give full details.
2. Has the claimant been considered for early retirement under the pension scheme? If yes, please give full details. yes no

5. SOCIAL WELFARE BENEFITS

Is the claimant entitled to Social Welfare benefits? If yes, please confirm type and amount of benefit

yes no

(Please list each type individually)

<input type="text"/>	Weekly Amount	€ <input type="text"/>
<input type="text"/>	Weekly Amount	€ <input type="text"/>
<input type="text"/>	Weekly Amount	€ <input type="text"/>

6. ADDITIONAL INFORMATION

Additional information, if any, relating to the claimant and his/her disability.

<input type="text"/>
<input type="text"/>
<input type="text"/>

7. ELECTRONIC FUND TRANSFER

In the event of the claim being admitted, payment of benefit will be transferred directly to the employer's Republic of Ireland bank account. Details of the monthly payment lodged will be provided to you by post. **This facility is not available for sterling claims.**

Please confirm the following details

Company Account No.	<input type="text"/>	Bank Sort Code No.	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>				
Company Account Name	<input type="text"/>										
Bank Name & Address	<input type="text"/>										
Signature	<input type="text"/>					Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

8. DECLARATION

I declare that to the best of my knowledge, the above statements are true in every respect. I also confirm that the Company wish to have a claim considered in respect of the above employee.

Please use Block Capitals.

Name	<input type="text"/>
Position in the Company	<input type="text"/>
Employer's Stamp (if available)	<input type="text"/>

Signature	<input type="text"/>	Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
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Irish Life may check to establish if an individual has any additional claims with other insurers. This data will be maintained by us in line with the provisions contained in the Data Protection Acts 1988 and 2003.

The information provided to us as part of this claim application will be processed by us to confirm identity, process this application and to record and cross reference particulars of the claim in insurance industry databases for fraud prevention purposes. In certain cases this may involve the sharing of information with other insurance providers and private investigators. Guidelines for sharing of information in this regard are contained in a Code of Practice on Data Protection for the Insurance Sector which has been agreed with the Data Protection Commissioner.

Please Note that Irish Life may use private investigators. Each private investigator must adhere to a strict code of practice, and complete a compliance certificate on a yearly basis. They shall be expected to comply at all times with the Data Protection Acts and not perform their functions in such a way as to cause Irish Life to breach any of its obligations under the Data Protection Acts. Any unauthorised processing, use or disclosure of personal data by private investigators is strictly prohibited.

Irish Life Assurance plc is regulated by the Central Bank of Ireland.
In the interest of customer service we may record and monitor calls.
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