

PLEASE EMAIL YOUR CLAIM FORM TO: [admin@cardifpinnacle.com](mailto:admin@cardifpinnacle.com)

Company Number 1007798

**IMPORTANT** POLICY TERMS MAY VARY, BUT YOU SHOULD RETURN THE CLAIM FORM AS SOON AS YOU STOP WORKING. THIS WILL ASSIST THE PROMPT PROCESSING OF YOUR CLAIM

- Your copy of the Group Policy document will tell you whether you can make a claim
- Make sure you answer all the questions on this form, otherwise it will delay your claim
- Our representative might have to call on you while we are looking into your claim
- We need evidence from the Department of Work and Pensions that you have been appointed a carer and are in receipt of carers allowance for a member of your immediate family
- Make sure that the declaration is signed before returning this form
- **INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES**

## A - Your Policy Details

POLICYHOLDER TO COMPLETE

Please indicate what your policy relates to: (a) Mortgage  (b) Loan/Finance  (c) Credit Card  (d) Income Protection  (e) Premium Waiver

**FOR SECURITY REASONS, IF YOUR POLICY RELATES TO CREDIT CARD COVER, PLEASE DO NOT PROVIDE YOUR CREDIT CARD NUMBER AS THE POLICY NUMBER**

Policy Number

Name of Policy Provider

If you have answered (a)-(c) above, please provide the following:

Name of Lender, if different to Policy Provider

## B - Your Personal Details

POLICYHOLDER TO COMPLETE

Title  Mr  Mrs  Miss  Ms  Other

First Name  Date of birth  /  /

Surname

Address

Postcode

In order to give you the best possible service, we may use your mobile number to call or text you and/or your e-mail address to send you updates on the progress of your claim. Please be assured neither will be used for any sales or marketing purposes or passed to any other party without your specific consent. Should you NOT wish to be sent updates through either of these methods, please tick the relevant box: SMS text  E-mail

Telephone  Mobile

E-mail Address

@

National Insurance Number (NI)      You can find this on: NI Card, payslips, letters from HM Revenue & Customs or from your Social Security Office

## C - Your Banking Details

POLICYHOLDER TO COMPLETE

(Please complete this section and if your policy allows us to pay direct to your bank, we will do so. PLEASE NOTE we can not pay in to a savings account.)

Account Holder

Sort Code  -  -  Account Number

Bank Name

## D - About the person you are caring for (Please provide details of the person you are caring for)

POLICYHOLDER TO COMPLETE

1. Name of the person you are caring for

2. Relationship to yourself

3. Date of birth of your family member  /  /

4. Are you in receipt of Carers Allowance? Yes  No

5. If YES, please confirm the date this commenced  /  /

6. What is the nature of their disability/condition?

- 7. Which benefit is your immediate family member in receipt of? Disability Living Allowance   
Attendance Allowance   
Constant Attendance Allowance
- 8. Please confirm the date this benefit commenced  /  /
- 9. Date of onset of their disability/condition?  /  /

- We need evidence from the Department of Work and Pensions that you have been appointed a carer and are in receipt of carers allowance for a member of your immediate family
- We need evidence from the Department of Work and Pensions showing the date Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance commenced

I confirm that Cardif Pinnacle and its potential reinsurers may collect and process the health information stated above, for the purposes of this claim, this information being essential to the performance of my policy. I understand that this consent, if withdrawn, may affect the payment of my claim under my policy, but it won't result in the termination of the policy or the erasure of the health information collected.

**E - Your Work Details**

**POLICYHOLDER TO COMPLETE**

Please tick the description that applies to you:  Working for an employer (Sections E and F to be completed)  Self-employed (Sections G and H to be completed)

Name of your Employer  Address of your Employer

Telephone Number of your Employer  Postcode

Email Address of your Employer (if known)  @

What was your job title?  When did you start working there?  /  /

What was your Work or Staff Number?  How many hours a week did you work?  HRS

What were your duties?  What date did your employment end?  /  /

**If you have multiple jobs, please provide the names and addresses of all your Employers, including the hours worked per week, on a separate piece of paper securely attached to this claim form.**

**F - Employer's Certificate**

**PLEASE ASK YOUR LAST EMPLOYER TO COMPLETE THIS SECTION**

Company Name

Company Address

Postcode

Telephone Number

E-mail address

@

1. Please confirm the full name of the person who worked for you

2. What date did the Employee start working for you?  /  /

3. What date did the Employee last work for you?  /  /

4. How many hours per week did the Employee work?  HRS

5. Was the employment: (please tick relevant option)

Permanent

Temporary

Contract

Seasonal

6. If the Employee was employed on a fixed-term contract, what were the dates of the contract?

From  /  /

To  /  /

7. If the Employee was employed on a fixed-term contract, could they reasonably have expected you to renew it? Yes  No

8. If YES, how many times has this contract been renewed? (please give dates)

9. What date did the Employee notify you of their intention to resign? (Whether verbal or written)  /  /

10. What reason did the employee give for their resignation?

11. What was the Employee's Gross Yearly Salary at the time they left? £

Your Name

Position

Signature

Date  /  /

Company Stamp (if Stamp not available, **please attach a SIGNED compliment slip**)

**OMISSIONS WILL DELAY YOUR CLAIM**

EVIDENCE OF STAMP OR COMPLIMENT SLIP MUST BE PROVIDED TO VALIDATE THE CLAIM

COMPLIMENT SLIP MUST BE SIGNED

**G - Your Self Employment Details**

**POLICYHOLDER TO COMPLETE**

What date did you start working on a Self Employed basis?  /  /

What date did you last work?  /  /

How many hours per week did you work?  HRS

What was your occupation?

Name of your Accountant

Accountant's E-mail address

Address of your Accountant  
  
Postcode

Accountant Telephone Number

**H - Accountant's Certificate**

**AS YOU ARE SELF EMPLOYED, PLEASE ASK YOUR ACCOUNTANT TO COMPLETE THIS SECTION**

1. What was the Trading Name of your Client's Company?

COMPLETED BY YOUR ACCOUNTANT

2. What was the nature of your Client's business?

TO BE COMPLETED BY YOUR ACCOUNTANT

3. What was the address your Client traded from?

TO BE COMPLETED BY YOUR ACCOUNTANT  
Postcode

4. Did your client own their own business? Yes  No

5. If NO, were they employed as a Sub-Contractor? Yes  No

6. What date did your Client's self-employment start?  /  /

7. What date did your Client's self-employment end?  /  /

8. Was your Client's self-employment continuous for this period? Yes  No

9. Was the Company a Limited Company? Yes  No

If YES, what percentage of shareholding did your client have?  %

10. What date were HM Revenue & Customs informed of Cessation of Trading?  /  /

11. Has HM Revenue & Customs acknowledged Cessation of Trading? Yes  No

12. Has your Client or their Company filed for bankruptcy or Liquidation? Yes  No

13. If YES, on what date?  /  /

14. Is your Client registered for VAT? Yes  No

15. If YES, please provide their VAT Office details (Name/Address)

TO BE COMPLETED BY YOUR ACCOUNTANT

TO BE COMPLETED BY YOUR ACCOUNTANT  
Postcode

16. What is the reason for Termination of self-employment?

TO BE COMPLETED BY YOUR ACCOUNTANT

17. VAT Registration Number

Your Name

Position

Signature

Date  /  /

E-mail address

Company Stamp (if Stamp not available, please attach a SIGNED compliment slip)  
**OMISSIONS WILL DELAY YOUR CLAIM**  
EVIDENCE OF STAMP OR COMPLIMENT SLIP MUST BE PROVIDED TO VALIDATE THE CLAIM  
COMPLIMENT SLIP MUST BE SIGNED

**IF YOU DO NOT HAVE AN ACCOUNTANT, PLEASE PROVIDE COPIES OF THE DOCUMENTS REQUESTED BELOW**

- Last two years Trading Accounts or evidence of the last two years Gross Income. If not available, please confirm why.
- Cessation of Trading Accounts plus any HM Revenue & Customs acknowledgement letters.
- Last six months Trading Bank Statements.

**I - Data Protection****POLICYHOLDER TO COMPLETE**

Except as authorised in the declaration below, Cardif Pinnacle will not discuss your claim with anyone else without your permission. This includes your spouse, any other relative or friend, or your legal advisor. If you want to give us permission to talk to another person, you can authorise up to 3 people. Please provide their details below.

Please note that for your security, we will ask your authorised person to confirm their identity by confirming YOUR full name and first line of YOUR address and YOUR security password.

Security Password

We will ask you for this password when you or your representative calls

Title  Mr  Mrs  Miss  Ms First Name(s)

Surname  Relationship

Title  Mr  Mrs  Miss  Ms First Name(s)

Surname  Relationship

**J - Declaration and Authority****POLICYHOLDER TO COMPLETE**

If you are claiming or intending to claim with any other insurer for your present unemployment, then please give details of the Insurer, Policy Number and Claim Number:

Insurer Details	Policy Number	Claim Number
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

If you have made any previous claims against this policy, then please give details:

I declare that I have become a carer as defined in the policy and have not been working in any capacity or doing paid work during the period given. I declare that the statements I have made are true and agree that if they are found to be untrue Cardif Pinnacle will have the right to reclaim all claim payments made to me as a result of my dishonesty (in accordance with the policy wording).

I authorise Cardif Pinnacle and any of its agents to make any enquiries and obtain any information they may consider relevant from me, my last or previous employer(s), any Government Body, other insurers and licensed Credit Reference Agencies who may create a record of our search.

I understand that my personal information and the health information of the person named in Section D will be held on computer or other files by Cardif Pinnacle or its agents for the purposes of administering this insurance, including carrying out customer surveys, claims handling and fraud prevention.

I agree to my personal information being disclosed to the agent/party responsible for the sale of this insurance policy. Cardif Pinnacle will not disclose your medical information or the health information of the person named in Section D to the selling agent/party without your consent.

I understand it is my responsibility to give all necessary information to the Tax Authorities and to meet any tax demands I may have from my claim being paid.

Signature

YOUR SIGNATURE

Print Name

PLEASE PRINT YOUR FULL NAME

Date

 /  / 
**What to do now**

Make sure that (please tick ✓):

- you have answered all the questions on the form that apply to you
- you have signed the form
- you have read the enclosed Claims Guide
- you ensure that your Employer has completed Section F, or your Accountant has completed Section H
- you have sent us evidence from the Department of Work and Pensions to state that you have been appointed a carer and are in receipt of carers allowance for a member of your immediate family
- you have sent us evidence from the Department of Work and Pensions showing the date Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance commenced
- if you have multiple jobs, you have provided the names and addresses of all your employers, including the hours worked per week on a separate piece of paper, and securely attached it to this claim form

- please check the form and ensure that your employers have stamped or attached a signed compliment slip
- if you are satisfied with the content of this form, please read, sign and date the declaration and authority above

Policy terms may vary, but you should return your claim form as soon as you stop working

Email everything to:

**admin@cardifpinnacle.com**

At Cardif Pinnacle, we are committed to providing you with the support you need. Visit our support site for more details: [www.support.cardifpinnacle.com](http://www.support.cardifpinnacle.com)

**IMPORTANT: PLEASE BE AWARE THAT ANY CALLS YOU MAKE TO US MAY BE RECORDED FOR TRAINING AND MONITORING PURPOSES**

**In order to help you understand the process after you have submitted your claim, we have provided some frequently asked questions and answers that you may find useful:**

# CLAIMS GUIDE

## **Where do I find my policy number?**

This will depend upon the type of policy you hold but in most cases your policy number will appear on any letters we have previously sent you. However, if you no longer have any of these letters your policy number should be found in the fulfilment documents you received when you first took your policy out. If you are unable to locate these then please ensure you provide all other requested information regarding your policy to allow us to locate it. Should your policy relate to Credit Card cover please DO NOT provide your credit card number as the policy number.

## **How long will I have to wait for a reply after I have returned my claim form?**

If we hold your policy on our system, we aim to action a fully completed claim form within three working days of receipt. If all the information has been provided we will write to inform you of our decision. If we are unable to make a decision based on the information supplied, we will send you a written request for any further information required, or advise you of whom we have needed to contact to proceed. Either way, you should hear from us within 10 working days of submitting your claim.

## **Why do you need my mobile number?**

We want to make your claiming experience as easy as possible therefore, if you do have a successful claim and you have provided your mobile number, we will send you a text confirming payment.

## **What evidence do I need to supply?**

- We need evidence from the Department of Work and Pensions that you have been appointed a carer and you are in receipt of carers allowance for a member of your immediate family.
- We need evidence from the Department of Work and Pensions showing the date Disability Living Allowance, Attendance Allowance or Constant Attendance Allowance commenced.

## **Why would it be necessary to request further information, if I have already sent you a fully completed claim form?**

Sometimes we need to obtain more specific information that was not detailed on the claim form. Below are two examples of when it would be necessary to write for further information:

- Your employers have not confirmed the reason you terminated your employment.
- Confirmation from the Department of Work & Pensions that you have been appointed a carer and you are in receipt of carers allowance for a member of your immediate family.

If we do need further information we will let you know what is required as soon as possible to minimise the delay in processing your claim. If the information we have requested is not immediately forthcoming, we will chase all third parties for a response after 14 days, thereafter two further chases will be sent. We will keep you fully informed of our progress.

## **Is it important that I check the information provided by any third parties who complete my claim form?**

Yes, it is vitally important that you check the information on your claim form provided by third parties e.g. your employer, as these details will be used when we assess your claim.

Any inaccuracies may result in your claim being declined unnecessarily, although you do have the right to appeal through our appeal procedures.

## **Is it important that my employers stamp the claim form with their official company stamp?**

Yes, it is important that your employers have stamped their section of the claim form, by doing this they are verifying the information they have provided. If your employers do not have a company stamp, please ask them to sign a compliment slip confirming no stamp available and return this with your claim form.

## **Is it possible that my claim will not be accepted?**

Yes, it is possible. An example of a common exclusion under carers cover is that the person who you are caring for is not a member of your immediate family (please refer to your policy document regarding definition of immediate family).

## **How will I be notified that my payment has been made?**

A letter will be sent to you to notify you once a payment has been made on your claim. If you have supplied us with your mobile number, a text message will also be sent to you on the day that the payment has been made to notify you.

## **What to do if you return to permanent employment?**

Please call us to confirm the date you returned to work and we will advise whether any payments are due. We will need confirmation from the department of work and pensions showing the date your Carers Allowance ceased.

## **How long before payment is made?**

Once received, and providing the form is fully completed and all documentation attached, we aim to make payment on your claim within three working days. If you have provided your mobile number, we will text you once the payment has been released. Please be aware that payments may take up to five days to reach your account.