CARDIF PINNACLE
A BNP PARIBAS company

CLAIM NUMBER

Please write your claim number in the box above

Cardif Pinnacle
Pinnacle House
A1 Barnet Way
Borehamwood
Hertfordshire WD6 2XX

IMPORTANT

- ☐☐ / ☐☐ / ☐☐ is the earliest date that any section of this form may be filled in unless you have returned to work.
- Make sure you answer all the questions on this form, otherwise it will delay your claim.
- **INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES.**

CARERS UNEMPLOYMENT CONTINUING CLAIM FORM

About You (Please fill in all boxes)

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

@

Declaration and Authority

PLEASE RETURN THIS SIGNED DECLARATION WITH A COPY OF YOUR RECENT BANK STATEMENT SHOWING THAT YOU CONTINUE TO BE CREDITED WITH CARERS ALLOWANCE

Please confirm the name of the person whom you are caring for

Please confirm your relationship to the above person

I declare that I continue to be a carer as defined in the policy.

I declare that the statement I have made is true and agree that if it is 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 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 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

Date ☐☐ / ☐☐ / ☐☐