

PLEASE EMAIL YOUR CLAIM FORM TO: 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 proof every month that you are still unemployed, this may include copies of your bank statements to show you are in receipt of benefits
- 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

What to do

Make sure that (please tick):

- ☐ you enclose a letter confirming you have been awarded benefit from Jobcentre Plus (NOT your agreement letter)
- ☐ you answer all the questions on the form that apply to you
- ☐ you sign the form
- ☐ you read the enclosed Claims Guide
- ☐ you commence collecting all of your job search evidence for the forthcoming period to satisfy the requirement of the policy (i.e. copies of applications/responses etc)
- ☐ you ensure that your Employer/Liquidator completes all of Section D

☐ 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 in Section I

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

Email everything to:

admin@cardifpinnacle.com

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 - Employer's or Liquidators Certificate(PLEASE ASK YOUR LAST EMPLOYER OR THE LIQUIDATOR TO COMPLETE THIS SECTION)

Company Name	LAST EMPLOYER OR LIQUIDATOR																										
Company Address	LAST EMPLOYER OR LIQUIDATOR																										
	Postcode																										
Telephone Number																											
E-mail address	LAST EMPLOYER OR LIQUIDATOR																										
	@																										

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

TO BE COMPLETED BY YOUR LAST EMPLOYER OR LIQUIDATOR

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

		/			/		
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11. Did the employee receive a payment in lieu of notice?

Yes ☐ No ☐

3. What date did the Employee last work for you prior to their unemployment?

		/			/		
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12. If the Employee was paid instead of working their notice, how many weeks were they paid for?

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

			HRS
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13. What period did this payment cover?

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

Permanent ☐ Temporary ☐ Contract ☐ Seasonal ☐

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

From			/			/		
To			/			/		

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

£										
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7. If the Employee was employed on a fixed-term contract, could they reasonably have expected you to renew it?

Yes ☐ No ☐

15. Is unemployment or redundancy a regular feature of this job?

Yes ☐ No ☐

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

LAST EMPLOYER OR LIQUIDATOR																										
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16. Your Name

LAST EMPLOYER OR LIQUIDATOR

17. Position

LAST EMPLOYER OR LIQUIDATOR

9. What date did you first tell the Employee about their unemployment? (Whether verbal or written)

		/			/		
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18. Signature

LAST EMPLOYER OR LIQUIDATOR

10. Why was the Employee made redundant?

LAST EMPLOYER OR LIQUIDATOR																										
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19. Date

		/			/		
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(a) If redundancy:

Did the Employee take voluntary redundancy? Yes ☐ No ☐Was the Employee offered alternative employment? Yes ☐ No ☐

(b) If resignation, please confirm if:

Enforced ☐ Voluntary ☐

(c) If misconduct, please confirm circumstances

LAST EMPLOYER OR LIQUIDATOR																										
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Company Stamp (if Stamp not available, please attach a SIGNED compliment slip)**OMISSION WILL DELAY THE CLAIM**EVIDENCE OF STAMP OR COMPLIMENT SLIP
MUST BE PROVIDED TO VALIDATE THE CLAIMCOMPLIMENT SLIP MUST BE SIGNED**E - Your Work Details**

POLICYHOLDER TO COMPLETE

Name of your Employer																											
Company Address																											
	Postcode																										
Telephone Number																											
Email Address of your Employer (if known)																											
	@																										
What was your job title?																											
What were your duties?																											
When did you start working there?																											
How many hours a week did you work?	HRS																										
What date were you first told you would be made unemployed or redundant?																											
What date did your employment end?																											
Have you got another job?	Yes <input type="radio"/> No <input type="radio"/>																										
If YES, what date did you start?																											

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 - Your Previous Employer's Details

POLICYHOLDER TO COMPLETE

IF YOU HAVE WORKED FOR YOUR LAST EMPLOYER FOR LESS THAN 6 MONTHS, PLEASE GIVE US THE FOLLOWING INFORMATION

Name of your previous Employer			
Address of your previous Employer		What was your job title?	
		When did you start working there?	
		What date did you last work there?	
Postcode		How many hours per week did you work?	
		HRS	
Telephone Number of your previous Employer		Reason for leaving?	
Email Address of your previous Employer (if known)			

➔ IF YOU ARE RECEIVING JOBSEEKERS ALLOWANCE COMPLETE SECTION G(A)

➔ IF YOU ARE RECEIVING UNIVERSAL CREDITS COMPLETE SECTION G(B)

G(A) - To be completed if you are receiving JOBSEEKERS ALLOWANCE

POLICYHOLDER TO COMPLETE

1. Date you first signed on? / /
- Please attach your letter confirming that you have been awarded benefits (not your agreement letter)**
2. Have you stopped claiming or had your Jobseekers Allowance suspended? Yes ☐ No ☐
- Please attach any letters regarding cessation/suspension of benefit**
3. If YES, please provide:
- (a) Date benefits ceased / /
- (b) Date benefits resumed / /

(c) Reason benefits ceased?

IF YOU ARE NOT ENTITLED TO RECEIVE JOBSEEKERS ALLOWANCE, PLEASE SEND COPIES OF ANY DOCUMENTATION CONFIRMING THE REASON FOR THIS**G(B) - To be completed if you are receiving UNIVERSAL CREDITS**

POLICYHOLDER TO COMPLETE

1. Date you made your online Universal Credit Application / /
2. Date of your first commitment review with the Jobcentre Plus (face to face) / /
3. Has your claim for Universal Credit been accepted? Yes ☐ No ☐
- (a) If YES, please confirm the date your Universal Credit commenced / /
- (b) If NO, please provide details on why the Jobcentre Plus have disallowed your claim

4. Please provide the address of the Jobcentre Plus with whom you are registered

PLEASE ATTACH YOUR UNIVERSAL CREDIT JOURNAL TO SUPPORT THE ABOVE, IF YOU ARE NOT ENTITLED TO UNIVERSAL CREDITS, PLEASE SEND COPIES OF ANY DOCUMENTATION TO SUPPORT THIS**IF YOU ARE NOT ENTITLED TO RECEIVE JOBSEEKERS ALLOWANCE/UNIVERSAL CREDITS, PLEASE SEND COPIES OF ANY DOCUMENTATION TO CONFIRM THE REASON FOR THIS****EMPLOYMENT APPLICATIONS**

Please provide a sample of the name and addresses or email details of the companies that you have approached for employment for the period the claim payments will represent:

Name & address of company, e-mail address or telephone number	Position you applied for	Date applied	Were you offered the job?

H - 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

Title ☐ Mr ☐ Mrs ☐ Miss ☐ Ms First Name(s)

Surname Relationship

I - 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"/>

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

I declare that I am unemployed 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 and the Insurance Act 2005).

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

Print Name

PLEASE PRINT YOUR FULL NAME

Date

/ /

At Cardif Pinnacle, we are committed to helping you return to work. Visit our support site for more details:

www.support.cardifpinnacle.com

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

Cardif Pinnacle is a trading style of Pinnacle Insurance Limited