

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?

 /  / 

How many hours a week did you work?

 HRS

What was your Work or Staff Number?

What date did your employment end?

 /  / 

What were your duties?

**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

**TO BE COMPLETED BY LAST EMPLOYER**

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)

**TO BE COMPLETED BY YOUR LAST EMPLOYER**

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?

**TO BE COMPLETED BY YOUR LAST EMPLOYER**

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

£ 

Your Name

**COMPLETED BY LAST EMPLOYER**

Position

**COMPLETED BY LAST EMPLOYER**

Signature

**COMPLETED BY LAST EMPLOYER**

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**

**POLICYHOLDER TO COMPLETE**

Postcode

\_\_\_\_\_

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

TO BE COMPLETED BY YOUR ACCOUNTANT

TO BE COMPLETED BY YOUR ACCOUNTANT

Postcode

Postcode

17. VAT Registration Number

COMPLETED BY YOUR ACCOUNTANT

COMPLETED BY YOUR ACCOUNTANT

COMPLETED BY YOUR ACCOUNTANT

[illegible]

C	O	M	P	L	E	T	E	D		B	Y		Y	O	U	R		A	C	C	O	I	N	T	A	N	T						
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[illegible]

- 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**