

CLAIM NUMBER

Please write your claim number in the box above

IMPORTANT

- / / is the earliest date that any section of this form may be filled in unless you have returned to work.
- If you have had a break in registration, the form should be completed no sooner than 30 days after re-registering with Jobcentre Plus.
- Make sure you answer all the questions on this form, otherwise it will delay your claim
- Please provide the names and addresses of the companies you have approached for employment, on the reverse of this form. If you fail to provide this information, your form will be returned and your claim may be delayed.
- Our representative might have to call on you to assist with the continuing assessment of your claim.
- **INSURANCE FRAUD IS A CRIMINAL OFFENCE - WE RESERVE THE RIGHT TO REFER CASES TO THE APPROPRIATE AUTHORITIES.**

PLEASE EMAIL YOUR CLAIM FORM TO:
admin@cardifpinnacle.com

UNEMPLOYMENT CONTINUING CLAIM FORM

Part A - About You

1. Full Name:

2. Address:

Postcode

3. Home No:

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

4. Mobile No:

5. E-mail:

6. Have you worked at all since you last filled in your claim form? Yes No

If YES, please confirm date and hours worked below:

Dates Worked		Weekly Hours Worked
From: DD / MM / YY	To: DD / MM / YY	HRS
From: DD / MM / YY	To: DD / MM / YY	HRS
From: DD / MM / YY	To: DD / MM / YY	HRS
From: DD / MM / YY	To: DD / MM / YY	HRS

7. Please indicate the type of contract: Permanent Temporary Fixed Term

Part B - About Your Claim

Please Note: We reserve the right to confirm these details with the Jobcentre Plus

1. Date that you originally signed on / /

2. Date you last signed on? / /

3. Have you stopped claiming Jobseeker's Allowance/ NI Credits/Universal Credits? Yes No

If YES - Reason claim ended:

4. Has your benefit been disallowed or sanctioned? Yes No

If YES, reason for disallowance or sanction:

From / / To / /

5. Have you started a course of vocational education or a training scheme? (For example - Work Based Learning for Adults or New Deal) Yes No

If YES, please give name of Course, Scheme or Option:

Declaration and Authority

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).

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.

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

Print Name

Date / /

