Employer Claim Form

MetLife
PO Box 1411
Sunderland
SR5 9RB

0800 917 1222
metlife.co.uk

To be completed by the employer if you wish to make a claim

You are under a duty to provide true, accurate, and complete information in this claim form and when providing information to MetLife in order for us to assess your claim. If you provide misleading information it may result in the claim being rejected. If the requirements under our claims procedures are not complied with we may not pay the claim.

Please ensure the employee completes the Employee Claim Form (which includes their declaration and consent) at the same time.

Policy number

Employer name

1 - Employee details

Employee name

Date of birth

D D M M Y Y Y Y

Date employee joined company

D D M M Y Y Y Y

Date employee joined the scheme (please give initial date if previously with another insurer)

D D M M Y Y Y Y

First date of absence

D D M M Y Y Y Y

What was the employee's salary prior to incapacity (as defined in the policy)?

If pension scheme contributions are insured under the policy, please confirm the following:

Date eligible to join pension scheme

D D M M Y Y Y Y

Date joined pension scheme

D D M M Y Y Y Y

Is the employee covered by a Private Medical Insurance arrangement? ☐ Yes ☐ No

Has employment been terminated? ☐ Yes ☐ No

If 'Yes' please advise date

D D M M Y Y Y Y

2 - Details of occupation (to be completed by Line Manager or Human Resources (HR))

1. What is the employee's job title?

2. Please confirm address of employee's place of work

City County Postcode

3. Please detail the requirements of the job - employee's daily duties

% of daily work	<10%	10% - 30%	30% - 50%	50%+
Sitting				
Standing				
Walking				
Lifting				
Climbing				
Other (please specify)				

If the employee's job involves lifting please confirm the amounts

% of daily work	<10Kgs	10 - 20Kgs	20 - 30Kgs	30 - 40Kgs	40+Kgs
Rarely					
Moderately					
Frequently					
Constantly					

If travel is required, please state what type of transport they would normally take. If they drive, what is the average mileage travelled per annum (excluding travel to and from work)?

Is parking available on site? ☐ Yes ☐ No

4. a. How many hours is the employee contracted to work per week?

   b. Are they involved in shift work, weekend work or required to work additional hours on a regular basis? ☐ Yes ☐ No
   If 'Yes' please give details.

5. Are there any special licenses required for the employee to carry out the job? If 'Yes' please give details. ☐ Yes ☐ No

6. Are any special skills, qualifications or tools required? If 'Yes' please give details. ☐ Yes ☐ No

7. What level of physical activity is required by hand? (e.g. fast typing, precision or repetitive work).

8. In what environmental conditions would they normally be working? (e.g. shift work, office, factory, any extremes of heat or cold, outdoors etc).

9. Are there any other duties of the role to help us understand the requirements of the role?

3 - Details of absence

1. Nature of illness, injury and / or condition preventing work?

2. At what stage does their salary reduce during absence and to what level?

3. Has the employee taken early retirement or been retired on ill health grounds? ☐ Yes ☐ No

   a. If 'Yes', please advise pension details (if applicable) and the date this started

   D D M M Y Y Y Y

4. To what extent is the illness, injury and / or condition affecting the employee's ability to carry out the main activities of his/her role:

5. Prior to absence was the employee able to complete tasks to the required standard? ☐ Yes ☐ No
   If 'No', please provide details.

6. Were / are there any performance, disciplinary and / or attendance issues? ☐ Yes ☐ No
   If 'Yes', please provide details.

7. Has the treating medical practitioner indicated whether the employee can return to work on a modified basis?

   ☐ On a phased basis ☐ Amended duties ☐ Altered hours ☐ With workplace adaptations

8. Has a return to work date been discussed or agreed? ☐ Yes ☐ No

9. When were you last in contact with this employee?

   D D M M Y Y Y Y

10. Has a home visit been carried out? If 'yes', when? ☐ Yes ☐ No

    D D M M Y Y Y Y

11. Are there any opportunities for a return to a different role within the company? ☐ Yes ☐ No

12. Do you have an occupational health nurse or doctor, and have they been in contact with the employee? If 'Yes', please provide copies of any correspondence. ☐ Yes ☐ No

13. Is there anything else which you feel has a relevance to this claim?

4 - Early Intervention

MetLife offers early intervention services to support you and the employee when they are unable to carry out their full role. This service offers practical and focused intervention aimed at understanding what is preventing work and what could be done to facilitate a return to the workplace. If you are not already receiving this support and would like to talk to us about it, please provide your contact details below.

Name

Telephone number

5 - Payment section

If the claim in respect of the employee is admitted, benefit payments will be made to the employer. Please confirm details of the account to which benefits should be paid:

Name of company account to be credited

Bank Sort Code

Bank or Building Society Account Number

Bank name

Bank address

City County Postcode

6 - Data protection

MetLife is a data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, **www.metlife.co.uk**.

Should you have any questions or concerns, please contact the MetLife Data Protection Officer at **dataprotectionuk@metlife.com**.

7 - Employer declaration

We declare that the information disclosed by us in this claim form is true, accurate and complete. We understand that if we provide untrue, misleading or inaccurate information, it may result in the claim being rejected. We declare that the only reason for the employee's absence from work has been the disability or incapacity specified within this claim form and the employee's claim form in support of our claim.

Name

Date D D M M Y Y Y Y

Signature

Position

Email address

Address

City County Postcode

Telephone number

Required information to provide

- **Absence Records**

  If the employee has had frequent short term absences of 2 weeks or more, and you'd like us to consider linking these periods together, please provide absence records covering the relevant periods.

- **Salary Confirmation**

  If there has been a significant change in the employee's salary (more than 5%) since the membership data was supplied to us, please provide a copy of a payslip to confirm the salary being claimed (in line with the policy cover). Please note if we link periods of absence, the claim will be based on the salary prior to the initial absence date.

- **Occupational Health Reports**

  If the employee has been seen by Occupational Health, we would be grateful for copies of any reports as these can help the assessment of the claim. Please note if our Early Intervention service has been used, we will already have copies of the HCB reports on file.

- **Medical Information**

  We understand that employees often have copies of their Consultant or Specialist reports, if they're able to email copies of these, it may speed up the claims process. Reports can be sent to us directly if the employee prefers at **ebclaims@metlife.uk.com**, or to the postal address on the bottom of this email.

metlife.co.uk