

A Guide to Claiming Sickpay

This guide is designed to help you through the difficult time when you are ill or have had an accident. It may not answer all of your questions and queries but may help to point you in a direction where you can get the help you need.

When should I claim?

For Day 1 policyholders you must contact us if you think you will be unable to work for 3 days or more. For deferred contract policyholders you must contact the Society if you think you will still be unable to work after the deferred period of your policy. As soon as you know telephone us on, 01452 526238 and ask for the Claims Team. In response to your telephone call we will post a claim form to you.

Or you may visit the Website: www.holloway.co.uk/members/claims

...and download a claim form yourself.

The claim form and any other requested documents must be returned within the notification period relevant to your policy, please see below for details of notification periods. Failure to advise us of your claim later than the deadlines given will mean that your claim will not be paid from its due date.

What are the deferred contract notification periods?

Day 1, 4 or 8 week deferred policies; within 14 days of the first day you are unable to work due to illness or injury.

13, 26, 36 or 52 week deferred policies; within 8 weeks of the first day you are unable to work due to illness or injury.

What if I return my claim form incomplete or without all the documentation?

Incomplete claim forms will be returned to you for completion, this will delay assessment of your claim. Missing documentation will also delay full assessment. If you have any query concerning the claim form or your claim in general, please telephone us and we will endeavour to assist you.

Why must I sign the Declaration?

By signing the Declaration you have confirmed that the information you have supplied is true and complete to the best of your knowledge and belief. Your policy may be cancelled if you knowingly make a false statement or declaration for claiming benefit and further action may be taken. You have also given us consent to obtain information from any source deemed necessary. We will let you know if this is put into action.

Evidence of Earnings

Proof of your earnings is required to verify the level of benefit you are entitled to.

If you are **employed** we will require original payslips showing your earnings for the last three months and one showing loss of earnings. Also your most recent P60.

We may also contact your employer but will let you know if we do.

If you are the **director of a limited company**, in addition to your payslips and P60 we will also require sight of your last tax return, HMRC tax computation and confirmation of dividends paid together with a completed Financial Questionnaire.

If you are **self employed** we will require your last tax returns and HMRC tax computation together with the latest set of accounts and a completed Financial Questionnaire.

These are the minimum requirements for assessing your level of earnings, we may require additional information in which case we will keep you informed of our requirements. Providing your income information has been assessed as correct for the cover of your policy then your claim will be paid in full.

However if the income information submitted does not support your current benefit rate then you will be paid at a reduced level or not at all. You must advise us if your financial situation changes during your claim.

Evidence of Incapacity

A certificate signed by a Doctor will be required. The certificate must show the date you became unable to work. Unless the certificate clearly states the length of time you will be unable to work or a date for you to return to work, after assessing the incapacity we will assume the certificate to last a maximum of two weeks.

Self-certification can only be accepted from claimants whose weekly sickness benefit entitlement is not more than £30.00. This is a discretionary concession and will be reviewed periodically.

A certificate signed by a Doctor dated from the start of your incapacity will be required if your sickness benefit exceeds £30.00 per week.

Claims for £30.00 per week and less will require a medical certificate if you are likely to be unable to work for more than a week.

Photocopies of medical certificates are acceptable.

Any fee charged by a doctor to provide a certificate is your responsibility.

Employed claimants may request a Statement of Incapacity Form from the Claims team; this must be completed by your Employer as confirmation of your non attendance at work due to incapacity. There is no benefit limitation on the use of these forms.

If you are self-employed Holloway Friendly will require confirmation from your doctor of the first week of your incapacity; a form is available for this purpose and is available upon request from the claims team.

We may require medical evidence to support your claim and may initially request a report from your GP. Further supportive evidence may be required. We will keep you informed of any requirements we may have.

The Society will not admit Claims under these circumstances.

- For Classic Plan new members during the initial 12 week qualifying period, please phone us if you are unsure how long the qualifying period for your policy is.
- During the deferred period. If we have excluded any condition from your policy, you will not receive any benefit in respect of that incapacity or any related medical conditions.
- If your claim is due to a previous illness that was not disclosed at the time of your application. We have the right to terminate the contract and to withhold the premiums you have paid and any accrued funds.
- You have not suffered a loss of earnings.
- You fail to pay your premiums.
- You have become unemployed.
- Your claim will not be admitted if your illness or injury is due to any of the standard exclusions applied to your policy. Please check your policy conditions or contact the claims department for clarification.

Is my benefit taxable?

Under current tax legislation, payments made on claims under your Holloway Plan, for sickness and accident, are exempt from taxation provided it is replacing a loss of income due to illness or incapacity.

When can I expect payment?

Claims are paid twice monthly to claimants by direct credit. If you have not heard within one month of sending all required documentation please contact the Claims Team - we will be happy to help regarding the progress of your claim.

Payment of continuing claims.

If you are unable to return to work because your health problem continues you must send a copy of each medical certificate as soon as it is issued by your medical practitioner. We are then able to maintain regular benefit payments. However if we do not receive your continuation certificate within 14 days of the expiry date of the current certificate then your claim will be closed and benefit for that period lost. Please make contact with the Claims Team straight away if you have any problem with continuation certification. It may be relevant to ensure that someone else in your family or a family friend is aware of your policy with the Society and can forward on certificates to ensure that benefit is continuous. We will periodically require medical information to support your ongoing claim, this may include but is not limited to examination by a healthcare professional and/or a visit from a health claims assessor representing the Society.

Review of continuing claims

When your claim has continued for more than 6 or 8 weeks we will write to you enclosing a questionnaire. This will help us to assess the length of your claim and if any further supporting medical evidence is required. We may contact you regarding your answers to this questionnaire and do this as a follow up on the information you have already supplied.

What happens when I return to work?

You must inform the claims team as soon as you know you will be returning to work, especially if this is earlier than your GP has advised on your medical certification. Your claim will be reassessed to the date you return to work and any benefit due, paid to you, should any benefit have been overpaid you will be expected to refund it. If your GP has issued a medical certificate stating the date of your anticipated return please send a copy so that your claim file can be closed.

If you need to make a further claim on your policy you may do so, in certain circumstances any deferred period may not apply, please contact the claims team requesting a claim form (see 'When should I Claim?') and how this effects your individual policy.

What if my circumstances change?

Any change in your circumstances concerning your treatment or prognosis must be made known to the Claims team so that the information on file is fully up to date. However we will contact you by telephone if the need arises.

Fraudulent claims

Please note that we will consider prosecuting any member found to be working and claiming benefit at the same time and will take action to reclaim any benefits paid.

Other rules that must be followed or benefit will be suspended or lost

You must –

- Follow the advice of your Medical Practitioner and refrain from any behaviour that may retard your recovery.
- Not unreasonably refuse to undergo any treatment or surgery recommended by your medical practitioner.
- Not leave your home for longer than 48 hours without informing us of a contact address, unless you are admitted to Hospital or other recognised medical establishment.
- Not perform any work for which remuneration is paid without informing us in writing your claim will then be re-assessed.
- Be available for our representative to contact you at any reasonable time, this contact may be by telephone or a visit to your home.
- Permit us to obtain a Medical Report and to contact any other source for information concerning your claim.
- Be available to be medically examined or assessed by any medical examiner as required by us.

Do I need to continue paying my premiums?

Your premiums must be paid on a regular basis throughout your claim.

Premier Plan and Classic Plus Policies have a waiver of premium, which may apply during a claim. You still need to pay your premiums, but they will be refunded back to you with your claim payments when the waiver of premium applies.

What if I have other queries?

This guide has tried to answer all possible questions but if you have any other query or need clarification of anything in this guide, please contact us. This guide is not a replacement for your terms and conditions, which is the final authority. A copy of the terms and conditions can be obtained from us free of charge.