



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 if you think that you will be unable to work for 3 days or more. For Deferred contract policyholders 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 782754** the direct line for any Claim enquiry. 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/document.htm

...and download a claim form yourself.

If you do not contact us within 14 days of becoming incapacitated your claim will not be paid.

When should I return the completed claim form?

Please return the completed Claim Form to us together with medical certificates and evidence of your income within the time scale according to the deferment period of the policy you have with us.

Within 14 days of the first day of incapacity, for Day 1, 4 or 8 week deferred policies.

Within 8 weeks of the first day of incapacity, for 13, 26, 36 or 52 week deferred policies.

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

We will be unable to process your claim and this will delay payment. 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 you may be reported to the Police. 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 Incapacity

Self-certification can only be accepted from claimants whose weekly sickness benefit entitlement is less than £30.00. This is a discretionary concession and will be reviewed periodically.

A certificate signed by a Doctor will be required: -

- If your sickness benefit exceeds £30.00 per week.
- If you are likely to be unable to work for more than a week.

A 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.

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.

Definition of incapacity

For Classic Plan policyholders under the terms of your policy you must be totally unable to perform all the essential duties of your own occupation due to illness or injury and that you are not able to do any other occupation. Day 1 policyholders must be incapacitated for at least 3 consecutive days, not including a Sunday.

For Classic Plus Plan policyholders under the terms of your policy you must be totally unable to perform all the essential duties of your own occupation due to illness or injury and that you are not following any other occupation. However after 52 continuous weeks of benefit being paid you will be assessed against the following your total inability to perform your own or any occupation to which you are reasonably suited and that you are not following any other occupation.

For Premier Plan policyholders under the terms of your policy one of the following will apply depending on your occupation; your total inability to perform all the essential duties of your own occupation and that you are not following any other occupation; your total inability to perform all the essential duties of such occupation or occupations to which you are suited by training or experience and are not following any other occupation; or your total inability to perform any occupation.

If you are able to return to work on a part-time basis or if you are able to work in a less demanding role, which means you are losing income, please let us know, we may be able to pay benefit proportionately. If your doctor suggests therapeutic employment (no monetary gain) please let the claims team know.

What happens after I have returned my claim form?

If there is any reason for further delay in processing your claim we will contact you within 5 business days, informing you of the progress of your claim and the reason for any delay.

We may wish to contact your doctor or your employer if we do, we will let you know.

How much benefit will I be paid?

Your policy limits the benefit we can pay to you in respect of a claim to a maximum of 60% of your personal earnings, less any income you receive from any other source. This is known as your pre-disability income we will pay you benefit at the cover provided by the policy or your pre-disability income whichever is lower.

So 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.

The Society will not admit Claims under these circumstances

- For new members during the initial qualifying period, refer to your Membership Certificate or 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.
- When we become aware of 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.
- Your claim may not be admitted if you have chosen either to have cosmetic surgery for non-medical reasons or voluntary sterilisation. Please check the policy conditions pertaining to your contract.
- No claim will be admitted on any policy for cases of self-inflicted injury, drug or alcohol abuse, or participation in a criminal act. On policies other than Classic Plus Plan claims in respect of sexually transmitted diseases will not be admitted; please note that there are other exclusions. Please check the policy conditions pertaining to your contract.
- Claims resulting from an incapacity arising from usurped power are excluded from most policies. Please check the policy conditions pertaining to your contract.
- Benefit will not be paid in respect of HIV or AIDS except where contracted in the course of your normal paid occupation.

Is my benefit taxable?

Under current tax legislation, payments made on claims under your Holloway Plan 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 who have elected to receive their benefit by direct credit, payment by cheque is sent on the last working day of each month. 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.

Review of continuing claims

When your claim has continued for more than 6 weeks we will write to you enclosing a questionnaire. This will help us to assess the likely length of your claim and if any information is required from your GP concerning your incapacity. 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. 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 affects 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 report the fraud to the Police.

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 Plan 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 along with your claim payments when they apply.

What happens to my benefit if I have premium arrears?

- If you are more than 1 month in arrears, benefit will be lost until after your premium arrears have been paid.
- If you are 2 months in arrears, benefit will be lost until 7 days after you have paid all your premium arrears.
- If you are 3 or more months in arrears, benefit will be lost until 14 days after you have paid all your premium arrears.
- If you have not paid premiums for 6 months, you must apply to re-start your policy; medical evidence will be required. You will not be entitled to make a claim until this is assessed.
- If you are 3 months in arrears and have a Flex and Protect policy it will lapse and you will not be entitled to claim.

What if I suffer an illness or incapacity abroad?

- Sickness Benefit is payable when the injury was sustained, or the illness or disease was contracted, within the United Kingdom, the Channel Islands or the Isle of Man.
- Your claim will be considered if you are travelling or are temporarily resident in other country or territory for a period not exceeding twenty-six calendar weeks. The admitting of your claim will be subject to you returning to the United Kingdom, the Channel Islands or the Isle of Man as soon as you are fit to travel but not later than four weeks after benefit payments from the Society have commenced.

- If you reside or travel abroad for more than thirteen weeks in any calendar year, the Board may, upon your written request, grant an appropriate extension of cover.
- With regard to any claim arising from your travel or residence outside the United Kingdom, the Channel Islands or the Isle of Man in respect of which benefit may be payable, all certificates or other evidence of incapacity shall be in a form that is acceptable to the Society. If we incur additional expense in relation to such claim, these expenses will be deducted from the amount of benefit payable.

What happens if I retire?

If you retire and are in receipt of a pension your membership of Holloway Friendly will cease along with any entitlement to sickness benefit. You must notify the Claims Team of this change in your circumstances immediately you become aware of the change. Your membership of the Society will terminate at the end of the month in which you reach retirement age or take early retirement.

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 rulebook, which is the final authority. A rulebook can be obtained from us free of charge.

Holloway Friendly tries to keep its members informed on the procedures it uses, which from time to time will inevitably need changing, but the Society does, at its sole discretion, reserve the right, without notice or obligation to amend this guide.

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