

### Our process

Suffering a critical illness is a traumatic event, and we are keenly aware that we should **not** add to the stress the claimant will be feeling.

To this end, we will:

- keep what we require of the claimant to an absolute minimum
- wherever possible, collect information required ourselves rather than ask the claimant to do so
- handle all correspondence promptly
- provide regular updates as to the progress of the claim

### How to make a claim

Whether you are someone administering the scheme or a scheme member, as soon as you become aware of a potential claim please contact us by calling our Claims Team on **020 3003 6161**\*. The line is open 09.00 to 17.00, Monday to Friday. (\*Calls may be recorded for training and monitoring purposes.)

We will ask you for the information we need to assess whether the claim is likely to meet the definition of a covered critical illness. We also use the information we collect to pre-populate the claim forms.

There are two claim forms to be completed. One is for the policyholder (usually the employer) to confirm basic details, including, for example, that the claimant is an eligible member of the scheme.

The second form is for the member (and/or the member's spouse/partner if they are the person claiming and the scheme's cover extends to them). This includes a section, to be signed by the claimant, giving us authority to obtain medical information from the claimant's GP and other experts who have treated them that will help us assess the claim.

Having pre-populated the claim forms, we will send the relevant forms to the policyholder and claimant for them both to review, update and amend as appropriate and sign. Usually, we will send these by password-protected emails, but we will use Recorded Delivery post or whatever means offers the best combination of speed and security in each given set of circumstances.

Once we have the signed claim forms back, we will contact the medical professionals who have attended the claimant to check the claimant's condition is within the definition covered by the policy.

We may need to arrange for independent assessments and examinations and ask for medical opinion from suitably qualified and experienced medical professionals.

The medical information may take time to collect; we are obviously dependent on how quickly the medics respond, but we will ensure that any outstanding items are chased diligently.

Once a claim has been accepted, payments will be made to the member, and we will pay by direct credit.

## Supporting documents

We may need to see a birth certificate, marriage, civil partnership or adoption certificate, depending on who the claim relates to. We will make clear what is required in the initial telephone conversation.

We will always return documents using Recorded Delivery and we recommend that they are also sent to us using this service. The address is:

Claims Team,  
Ellipse  
5<sup>th</sup> Floor  
15 Bermondsey Square  
London  
SE1 3UN

## Complaints

If at any stage any party to the claim is dissatisfied with our service, we have a complaints process, documented [here](#), that they can invoke.

## Appeals process

If after gathering all the medical information it appeared to us that the claim did not meet the criteria specified in the policy, we would decline the claim. Where this is the case, you can appeal our decision. An email should be sent to [claims@ellipse.co.uk](mailto:claims@ellipse.co.uk) outlining the reason for the appeal and attaching any additional information. The claim will be reviewed by an appropriately qualified and experienced assessor who was not involved in the original claim decision. If the appeal process upholds the original decision contact details of the Financial Ombudsman Service will be provided.

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## An overview of how claims are handled

