How we handle critical illness claims

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
5th 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** 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.

An overview of how claims are handled

If you have suffered one of the conditions covered (or are not sure if what you have suffered is covered) call our Claims Team on **020 3003 6161**.

Ellipse collect the relevant details and partially pre-populate two claim forms

One claim form needs to be signed by the policyholder (who is usually the employer).

The form is supplied via a secure channel (uploaded to our secure website, or sent by password-protected email, Recorded Delivery post, etc, as appropriate).

The policyholder reviews their part of the form, checks the information contained is correct, signs and either scans and emails to us or sends by other secure means.

The other claim form is to be signed by the person who has suffered the critical illness (or by the scheme member on behalf of a child who is the subject of a claim)

The form is supplied via a secure channel (uploaded to our secure website, or sent by password protected email, recorded delivery post, etc. as appropriate).

The member's claim form includes a declaration allowing us to approach their GP and other attending medical professionals to obtain the expert information we will need before we can assess if the claim is a valid one. The claimant checks the information in the form is correct, signs, and either scans and emails the form back to us or returns it by other secure means.

As soon as we have authority to collect medical evidence, we issue the appropriate questionnaires to the relevant medical experts attending the claimant. This is so we can establish if the claimant's condition meets the policy definition. We chase frequently to minimise the chance of delays that might occur at this stage.

Our own medical experts review the information collected and either accept or reject the claim.

IF ACCEPTED

Payment will be made within no more than 5 working days by direct credit to the member.

IF REJECTED

In cases where a claim is ineligible, full details of the decision will be provided. Our appeals process can be invoked.