

HOW TO MAKE AN INCOME PROTECTION CLAIM

WESLEYAN
we are all about you



WHAT TO DO IF YOU NEED TO MAKE A CLAIM

Our aim is to handle your claim quickly, fairly and efficiently with minimum inconvenience to you.

As a mutual society - one that is owned by policyholders, not by external shareholders - we believe it is our duty to fully assess all claims we receive and make the fairest judgement possible.

This document tells you what you need to do if you have to make a claim on your Wesleyan Income Protection Plan.

We hope that you will find this document useful. However, this is only a guide to answer the most frequently asked questions.

For full details of your plan terms and conditions, please read your Plan Document which we gave you when you first took out your plan.

unable to undertake the essential activities of a student, as required by the curriculum at that time.

If you are not working at the time you become incapacitated, you may still be able to make a claim but a different definition of incapacity will apply.

- ▶ **Insured/normal occupation** – the occupation (or occupations) covered by your plan and which is (or are) confirmed in your plan schedule.

DEFINITIONS

In this document we use financial words and phrases that not everyone will be familiar with or which have been given a very specific meaning in your plan's terms and conditions. We've explained what these mean below.

- ▶ **Deferred period** – the number of weeks you have chosen to wait after you become incapacitated before any benefit becomes payable.
- ▶ **Essential duties** – those duties which cannot be left out without affecting your ability to carry out your insured occupation.
- ▶ **Incapacity/unable to work** – this is defined in the terms and conditions of your plan. Usually, by incapacity, we mean that, because of illness or injury, you are totally unable to carry out the essential duties of your insured occupation. If you are a medical or dental student when you suffer an illness or injury, incapacity is defined as being

QUESTIONS AND ANSWERS

When can I make a claim?

- ▶ You should claim if, because of illness or injury, you are unable to carry out the essential duties of your occupation, resulting in a loss of earnings.
- ▶ If you are a medical or dental student you should claim if your illness or injury means you cannot undertake your studies. You do not need to have been earning an income.
- ▶ You should tell us you want to make a claim as soon as possible. This will give us more time to collect any medical reports or financial evidence that we need, and enable us to start paying your claim promptly.
- ▶ However, each plan has a formal notice period, which will depend on the deferred period shown in your plan schedule. Please refer to your plan's terms and conditions for the relevant formal notice period.



Does my income protection plan cover my ability to work at a specific location?

No. We provide cover if you are unable to work in your insured occupation because of illness or injury. This is based on the nature of the work involved, not its specific location. Neither does it depend on a suitable position becoming available.

Who should I contact to make a claim?

To make a claim call us on 0800 316 5049 and we will send you a claim form and details of the information we need from you in order for us to process the claim.

How quickly will you process my claim?

The more information you give us when you make the claim, the quicker the process should be. If we can't process your claim straight away, we will contact you within three working days and let you know what additional information we need.

What medical information do you need?

- ▶ If you are unable to work for a short period of time then we will usually only need information from your GP.

- ▶ If you can't work for a longer period of time, we may also need a specialist medical report. If you have any reports prepared by a specialist, you should send them with the claim form as this may help speed up the claims process.
- ▶ You will be responsible for any fee charged by your medical practitioner for any medical certificates we may need such as the initial Protection Claim Medical Certificate and for periodic Protection Claim Continuation Certificates.
We will pay the costs if we need to obtain additional medical evidence.
- ▶ We will pay the costs if we need a specialist medical report.
- ▶ We won't accept a report prepared by a medical practitioner or specialist who is your husband, wife or registered civil partner.



How do you assess the medical information?

- ▶ Your claim will be assessed by our claims team, with support from our team of Chief Medical Officers. They are:
 - ▶ Professor Femi Oyebode MBBS, MD, PhD, FRCPsych
 - ▶ Dr Rosalind Anfilogoff MRCP, and
 - ▶ Dr Nic Anfilogoff MRCP.

Will I need an independent medical assessment?

- ▶ Sometimes our Chief Medical Officers might feel that an independent medical assessment, from a specialist who is not involved with your care, would help them to make a more informed assessment.
- ▶ The assessment will be arranged at a convenient time and location.
- ▶ We will pay the cost of this assessment and any reasonable travelling expenses you incur.
- ▶ We will let you know the outcome of the assessment as soon as possible.

If I have other income protection plans, do you share information with my other insurers?

We may share information with your other insurers if you give us your permission. This can help us to ensure your claim is processed more quickly because you don't need to attend medical examinations for each insurer. It can also help us to fully understand your situation and make consistent decisions. However, each insurer's plan may have different terms and conditions which could affect the eventual outcome.

Will the granting of an ill-health retirement pension be accepted as evidence of incapacity?

- ▶ No. The granting of an ill-health retirement benefit is not acceptable evidence of you being permanently unable to work. This is because someone who makes a claim can be granted ill-health retirement and then return to work.
- ▶ If we accept your claim, we will only pay benefit while you remain unable to work because of an ongoing illness or injury. This is very different from a pension, which continues to be paid without any ongoing assessment of your health.

What happens if you accept my claim?

- ▶ We will write to you to let you know if your claim has been accepted.
- ▶ We will start to pay benefit at the end of the deferred period for your plan. For example, if you have a deferred period of four weeks, then no benefit would be paid to you for the first four weeks of incapacity.
- ▶ If you have a deferred period of zero weeks then we will not start to pay benefit until after you have been unable to work for seven consecutive days, but we will backdate your payments to the start of your incapacity.

If you accept my claim and agree to pay the benefit in full, how do you calculate the amount I receive?

Your plan schedule will state the weekly 'Sum Assured' payable.

If your plan was taken out before December 2014:

- ▶ We pay benefit each month in arrears and calculate the monthly payment as follows.
 - ▶
$$\frac{\text{Sum assured}}{7} \times \text{number of days in the month}$$
- ▶ If the payment period is less than a full month then it is calculated as follows.
 - ▶
$$\frac{\text{Sum assured}}{7} \times \text{number of days in the payment period}$$

If your plan was taken out after December 2014:

- ▶ We will pay the benefit each month in advance as follows.
$$\frac{\text{Sum assured} \times 52.18}{12}$$

If we can't pay the benefit in full, we will send you a detailed explanation as to why.

What evidence of my earnings do you need?

- ▶ If you are an employee, we will need a copy of your latest P60 and P11D, and copies of three pay advice slips from immediately before you were first unable to work.
- ▶ If you are self-employed or in a business partnership, we will need a copy of your latest profit and loss accounts, and your latest tax return.

Do I have to pay premiums while I am claiming?

This will depend on the deferred period for your plan. Your plan schedule will state the deferred period(s) applicable.

If your plan was applied for before 14 December 2014:

- ▶ If we accept a claim and the deferred period is 13 weeks or more, you will not have to pay premiums after the deferred period has ended, providing benefit is being paid.
- ▶ If we accept a claim and the deferred period is less than 13 weeks, you will not have to pay premiums 13 weeks after you have been incapacitated, providing benefit is being paid.

If your plan was applied for on or after 14 December 2014:

- ▶ If we accept a claim, you will not have to pay any premiums that are due in respect of the one or more benefit components under your plan during the period for which you are receiving benefit under those benefit components.

To ensure that you will continue to be covered, should you need to claim again in the future, you must restart paying premiums when your claim ends.

Will a claim affect my premiums in the future?

- ▶ No. We will review our premiums based on the level of claims being paid to all plan holders, not on an individual basis. Any change to your premium will relate to our total claims experience, rather than your personal claims history.
- ▶ Premiums under a unit-linked plan may also be affected by investment performance.
- ▶ Some policies have guaranteed premiums, which means they will not be affected by future claims at all. For more information, please refer to your Plan Document or contact us - see how to do this on page 7.

Will you continue to review my claim?

We will continue to review your claim and pay benefit for as long as your circumstances stay the same. If your claim continues for a long time, we may need to review the medical and financial evidence we have for your claim. The details of any such reviews will depend on your individual circumstances. If we decide to carry out a review, we will let you or your doctors know what evidence we need.

- ▶ We review all claims cases at least once each year, and more often in some cases. This is to check if there have been any changes in your circumstances.
- ▶ The details of the reviews will depend on your individual circumstances. To carry out the review we may need:
 - ▶ more medical information
 - ▶ to arrange to visit you in person
 - ▶ to ask you to have an independent assessment
 - ▶ to ask you to make a declaration, or
 - ▶ more current financial evidence.

Can I go back to work part-time and still receive benefit?

- ▶ In our experience, most people prefer to return to work as soon as they are well enough to do so.
- ▶ If you have not been able to work for at least 13 consecutive weeks, or the deferred period (if longer), and we have paid you some benefit for this absence, we may continue to pay benefit, taking into account your earnings if you go back to work part-time (less than 30 hours a week). This is called 'rehabilitation benefit' and has been included in our protection plans since 1981.
- ▶ So we can assess your correct level of rehabilitation benefit, we will need details of the hours you work each week and, depending when your plan was taken out, evidence of your earnings for those periods. You will need to provide these details to us each month.

What happens if I get better but can't return to my normal occupation and I take up a different job?

- ▶ If you recover from your illness or injury, but are not fit enough to go back to work in the occupation you had before you became unable to work, we may continue to pay benefit, taking into account your earnings from your new job. This is called 'proportionate benefit'.
- ▶ We will normally stop paying proportionate benefit if:
 - ▶ your income from your new occupation is equal to or more than your income before the start of your incapacity, or
 - ▶ you return to your previous occupation, as stated in your plan schedule.

Are there any circumstances when you might make a payment outside of the cover provided by my plan?

Yes. We recognise the long-term benefit of helping you get back to work, and there are occasions where we will make payments outside of your cover. We have done this in the past, for example to fund private treatment, rehabilitation counselling and help during retraining.

It's important to understand, however, that any such payments will depend on individual circumstances and the degree to which this additional support is likely to help you return to work sooner.

When will you stop paying my claim?

- ▶ The benefit will be paid until the first of the following happens.
 - ▶ Medical evidence proves you are no longer incapacitated.
 - ▶ The plan ends.
 - ▶ You no longer suffer a loss of earnings (if you were working before you became incapacitated).
 - ▶ You die.
- ▶ We might also end your plan if:
 - ▶ you keep relevant information from us, mislead us by giving us incorrect information or fail to tell us of any change in your circumstances, or
 - ▶ you have recovered after a claim, then exaggerated your symptoms to continue receiving benefit.

If we suspect this to be the case, your claim will be reassessed by at least one of our Chief Medical Officers. We will then review the recommendation and make a final decision about your claim.

If we allowed these type of claims to continue, it would increase future premiums for other customers.

What happens if you decide I am no longer entitled to benefit?

- ▶ In most cases, we will give you at least one month's notice if we are going to stop your benefit. You may need to be retrained for work or find a new position, so we may offer a reduced payment over a longer period.
- ▶ If however, you have withheld relevant information, misled us or not told us of changes in your circumstances, we will stop your payments immediately.

What can I do if I am unhappy with the way my claim is being handled?

We do everything we can to make sure we always give you the best possible service. If you are unhappy with any part of the service we have given you, and want to complain, you can contact us in the following ways.

- ▶ Speak to the Customer Relationship Centre on 0800 092 1990. Our lines are open from 8.30am to 6.30pm, Monday to Friday and from 9am to 2pm on Saturdays.
- ▶ Fill in the online contact form which can be found on website www.wesleyan.co.uk
- ▶ Email the Complaints Team at complaints@wesleyan.co.uk
- ▶ In writing to the address below:
Complaints Team
Risk and Regulatory
Wesleyan Assurance Society
Colmore Circus
Birmingham B4 6AR

You can also fax your letter to 0121 200 9210.

Your complaint will be thoroughly investigated by someone who has not been directly involved in your case. We may need to consult with our Chief Medical Officers.

If, after receiving our response, you're still not happy, you can refer your complaint to the Financial Ombudsman Service.

The Financial Ombudsman Service
Exchange Tower
London
E14 9SR

Phone: 0800 023 4567 or 0300 123 9 123

Email: complaint.info@financial-ombudsman.org.uk

Website: www.financial-ombudsman.org.uk

Complaining to the Ombudsman won't affect your legal rights.

HOW TO GET IN TOUCH

If you have any questions about your plan, please contact Wesleyan in any of the following ways.

Call on 0345 351 2352. Phone lines are open from 8.30am to 6.30pm Monday to Friday and from 9am to 2pm on Saturdays. We may monitor calls to improve our service.

Write to us at:
Wesleyan
Colmore Circus
Birmingham B4 6AR

Fax us on 0121 200 2971.

Visit our website at www.wesleyan.co.uk

If you have any questions about making a claim, we will try to answer them promptly.

We are all about you.

Since we were founded over 175 years ago, we have cherished our mutual status. It's an integral part of who we are and with no shareholders, our focus is on members and customers. We work to benefit those who invest in our business. Not only today, but also in the future.

It's why 'we are all about you'.

A guide to the many ways in which the Wesleyan Group of companies can help you to plan, prioritise and secure your financial future.

For you



Savings & Investments



Mortgages



Retirement Planning



Insurance



Life & Income Protection

For your business



Finance & Funding



Personal Protection



Equipment Insurance



Premises Insurance

For more information about the Wesleyan Group of companies, visit wesleyan.co.uk/legal-disclaimer

If you would like this document in Braille, large print or audio format, please contact **0345 351 2352**.

Follow us for regular updates on social media



@wesleyan



facebook.com/wesleyanAS



linkedin.com/company/wesleyan

'WESLEYAN' is a trading name of the Wesleyan Group of companies.

Wesleyan Assurance Society is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Advice is provided by Wesleyan Financial Services Ltd (Registered in England and Wales No. 1651212) who is authorised and regulated by the Financial Conduct Authority and is wholly owned by Wesleyan Assurance Society.

Incorporated in England and Wales by Private Act of Parliament (No. ZC145). Registered Office: Colmore Circus, Birmingham B4 6AR.

Telephone: 0345 351 2352. Fax: 0121 200 2971. Calls may be recorded to help us provide, monitor and improve our services to you.