

Unemployment Claim Form



Office Use Only

Policy reference

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Paymentshield
Claims Administration
PO Box 229, Southport
PR9 9WU

Tel: 0845 6011 060

Fax: 0845 6011 080

Unemployment Claim Form

Processing your Claim

To assist us in the processing of your claim we would ask that you read the claim form carefully and ensure all sections of the claim form are fully completed and that you forward all the information requested by us to avoid any delays.

Paymentsshield endeavour to provide an excellent level of service and support during this difficult time. As such we undertake to deal with your claim as quickly and efficiently as possible as per the guidelines noted below.

- We will endeavour to process your claim and commence payment within 30 days of receipt wherever possible.
- We will confirm receipt of your claim within 5 working days. Where possible we will confirm if the claim has been approved or declined or we will detail any further information we require from you to progress your claim, based on the information provided at that time. We will also advise you of any third parties we have contacted in connection to your claim.
- Any correspondence we receive throughout your claim will be dealt with within 5 working days of receipt.
- If there is any information outstanding from yourself or a third party regarding your claim, we will endeavour to make contact with the relevant party every 14 days to try to obtain a response. We will also update you at this time on the status of your claim.
- If we are unable to obtain a response from a third party within 3 weeks of receiving your claim form we will endeavour to obtain a response from a different source. We may also request your assistance in obtaining the outstanding information. If we are unable to obtain the required information, it may result in the non-payment of your claim.
- On receipt of all relevant information, your claim will be passed for assessment and you will be informed of the outcome, in writing, within 4 working days.
- All payments relating to your claim will be processed by the Claims Team on the day of receipt of the correct evidence. Monies due will be released into your designated bank account within 3-7 working days of the payment being processed.
- Where you have requested a phone call we will endeavour to return your call by 12.00pm the following working day.

Section A - Guidance

The following notes detail which sections are relevant to your claim. Please read these carefully and complete all relevant sections.

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|------------------|--|
| Section B | All applicants should read this section carefully. |
| Section C | All applicants should complete this section. |
| Section D | All applicants should complete this section and detail all people who we can share information with about your claim. |
| Section E | All applicants should complete this section. |
| Section F | All applicants should complete this section and it must be signed by all parties to the mortgage. |
| Section G | Complete this section if your last work was on an employed basis. |
| Section H | Complete this section if your last work was for less than 6 months. |
| Section I | Complete this section if your last work was on a self-employed basis. |
| Section J | This section should be completed in full by your previous employer (unless you were self-employed). |
| Section K | This section should be completed in full by the Company Liquidator or Receiver if your former employer has gone into liquidation. |
| Section L | This section should be completed and signed by you. |
| Section M | This section should be completed in full by the Employment Service/Job Centre Plus. |
| Section N | Please enclose as many of the requested documents as possible. If you are unable to provide any of the information please detail the reason why. |
| Section O | All applicants should read this section carefully and sign the declaration. |
| Section P | Please use this section to give further information you think would be helpful in the processing of your claim. |

Section D - Sharing information about your claim (To be completed by you)

The details regarding your claim are considered to be private and cannot be disclosed to any other party without your express consent. This includes any other person named on the policy and any intermediary (e.g. financial advisor).

If we are asked to do so, can we share information about your claim with the intermediary who introduced your policy to Paymentsshield? Yes No

If Yes, please provide their full name and telephone number

If we are asked to do so, can we share information with any other person? Yes No

If Yes, please provide details of who we can share information with:

Name	<input type="text"/>	Relationship to you	<input type="text"/>
Name	<input type="text"/>	Relationship to you	<input type="text"/>
Name	<input type="text"/>	Relationship to you	<input type="text"/>

Section E - Your financial details (To be completed by you)

Please note: we may request sight of pay slips for both insured parties (where appropriate) to support our assessment of your claim. This will allow us to determine the benefit amount applied to your particular claim.

Your annual income prior to your unemployment £

Current monthly mortgage repayment £ Current monthly buildings cover premium £

Current monthly contents cover premium £ Current monthly life cover premium £

Is your cover split with any other person? Yes No

If Yes, who is the cover split with?

Annual income of second named person £

Please provide your Bank Account details

Bank name	<input type="text"/>		
Bank Sort Code	<input type="text"/>	<input type="text"/>	Branch <input type="text"/>
Account Number	<input type="text"/>		Name of account holder <input type="text"/>

Section F - Mortgage Details (To be completed by you)

Lender's Name

Lender's Address

Postcode

Mortgage Account Number Start Date of Mortgage

Is your Mortgage in joint names? Yes No

I/We are currently making a claim in respect of Unemployment. In order to process my/our claim Paymentsshield Limited will require information relating to my/our loan or mortgage agreement. I/We hereby authorise the release of this information without expense to Paymentsshield Limited or the insurer. Please also note my/our claim on your files.

A photocopy of this authorisation shall be considered as effective and valid as the original.

Signed (1) Signed (2)

Signed (3) Date

Section G - Employment details (Complete this section if your last work was on an employed basis)

Name of last employer

Address of last employer

Postcode

Telephone Number Fax Number

Section G - Employment details (continued)

Occupation prior to unemployment

Average hours worked per week

Employment Terms (please tick appropriate box)

Permanent Full Time Part Time Fixed Term Contract Temporary Seasonal

Date employment commenced Date employment ended

Were you self-employed? (If Yes, please proceed to section I. If No, continue below) Yes No

What was the reason for your unemployment

Have you obtained a new job? Yes No

If Yes, when did your new job start?

Section H - Employment details (Complete this section if your last work was for less than 6 months)

If you were with your last employer for less than 6 months, details of your previous employer(s) must be given below.

Name of previous employer

Address of previous employer

Postcode

Telephone Number Fax Number

Email Address

Occupation Staff Number

Employment Terms (please tick appropriate box)

Permanent Full Time Part Time Fixed Term Contract Temporary Seasonal

Date employment commenced Date employment ended

Please confirm the reason for leaving

In support of your claim, please provide a photocopy of the letter advising that you were to be made unemployed and also a contract of employment where appropriate.

Section I - Self-employment statement (Complete this section if your last work was on a self-employed basis)

Please note: If you were self employed for less than 6 months please provide details of your previous employer in the section above.

Nature of business Trading name

Trading address

Postcode

Business Telephone Number Business Fax Number

Date trading commenced Date last worked

Date you returned to work (if applicable) Average hours worked per week hours

What was the reason for your unemployment

Did your unemployment occur following a temporary job or on the completion of a fixed term contract? Yes No

If Yes, please give details

Have you totally and permanently ceased trading? (If Yes, please provide evidence of cessation from the Inland Revenue) Yes No

If No, please give details

Your business accountant's name Accountant's Address

Postcode

Section I - Self-employment statement (continued)

Accountant's Telephone Number

Accountant's Fax Number

Please provide proof of your payments of Class 2 National Insurance Contributions and a copy of your self assessment tax calculation received from the Inland Revenue.

Section J - Employers Certificate (This section should be completed in full by your previous employer (unless you were self-employed))

Full name of Employee

Date of Birth

Staff Number

Full Address of Employee

Postcode

Occupation

What was the reason for termination of employment? (please tick appropriate box)

Dismissal

End of Contract

Redundancy

Laid Off

Cessation of trade

Other, please specify

If Dismissal, please provide details

Date first notified of termination of employment

Date employment commenced with your company

Date last worked

Employment Terms (please tick appropriate box)

Permanent Full Time

Part Time

Fixed Term Contract

Temporary

Seasonal

If Fixed Term Contract, please provide the details of all contracts with your company

If employment was temporary or seasonal, is unemployment a regular feature of this occupation?

Yes

No

Average hours worked per week

Was the employee given any prior indication that his or her employment with your company may be at risk?

Yes

No

If Yes, please provide details

Have you offered payment instead of notice or compensation for loss of office?

Yes

No

If Yes, please provide details of notice period entitled to by the contract of employment

 days

Has any holiday pay been paid?

Yes

No

If Yes, how many days

 days

Have you ever employed this person before?

Yes

No

If Yes, please provide dates of employment and reason for termination

From

To

Dismissal

End of Contract

Redundancy

Laid Off

Cessation of trade

Other, please specify

If Dismissal, please provide details

Signature

Position

Date

Name in BLOCK CAPITALS

OFFICIAL STAMP

Section K - Liquidator/Receiver's Statement (This section should be completed in full by the Company Liquidator or Receiver if your former employer has gone into liquidation)

Nature of company	<input type="text"/>	Name of company employee	<input type="text"/>
Date of Birth	<input type="text"/>	Staff Number	<input type="text"/>
Occupation	<input type="text"/>	Date employment commenced	<input type="text"/>
Average hours worked per week	<input type="text"/>	What Class N.I. contributions were paid by the employee?	<input type="text"/>

On what basis was the employee employed? Permanent Part-time Fixed Term Contract Temporary Seasonal

If employment was on a fixed term contract what were the dates of the contract?

From To

If the employee was employed under a fixed term contract could they have reasonably expected that it would be renewed on expiry? Yes No

If employment was temporary or seasonal, is unemployment a regular feature of this occupation? Yes No

Was the first notification of impending unemployment written or verbal?

Date of first notification of impending unemployment

Date employment ended

What was the reason for loss of employment?

Was the employee paid instead of notice or compensation for loss of office? Yes No

If Yes, number of weeks From

Was the unemployment voluntary? Yes No

If Yes, please provide details

Has the employee been made unemployed whilst in this employment before? Yes No

Date of previous employment (if applicable)

From To

Signed Date

Position

Full name

Name and address of Liquidator/Receiver

Postcode

Nature of business

Telephone number

Fax number

Contact e-mail address

LIQUIDATOR/RECEIVER'S STAMP

Section L - Benefit Information (This section should be completed and signed by you)

I authorise the Department for Work and Pensions (JobCentre) to disclose information in relation to the details given below to my insurer.

Signature	<input type="text"/>	Date	<input type="text"/>
Full Name	<input type="text"/>	Date of Birth	<input type="text"/>
Address	<input type="text"/>		
	Postcode	<input type="text"/>	
Administrator Company Name	PAYMENTSHIELD		
Policy Reference Number	<input type="text"/>		

Section M - Employment Service/Job Centre Plus Certificate (This section should be completed in full by the Employment Service/Job Centre Plus)

Please arrange for The Employment Service/Job Centre Plus to provide the following information (The Employment Service/Job Centre Plus may give you form ABI1 in place of this).

Client's Full Name	<input type="text"/>		
National Insurance Number	<input type="text"/>	National Insurance Contribution Rate	<input type="text"/>
When did the client register as unemployed?	From	<input type="text"/>	<input type="text"/>
Is the client actively seeking employment?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the client available for work?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the client in receipt of Job Seekers Allowance?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the client registered under the New Deal for lone parent scheme?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Is the client in receipt of income support?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please confirm the reasons for this	<input type="text"/>		
Is the client in receipt of any other benefits?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If Yes, please provide details	<input type="text"/>		

Dates benefits paid			
From	<input type="text"/>	To <input type="text"/>	
Was the client self-employed?	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
If the claim for benefit is/was suspended, please advise why?	<input type="text"/>		

Period of suspension		
From	<input type="text"/>	To <input type="text"/>
Previous date of unemployment		
From	<input type="text"/>	To <input type="text"/>
Why was the client's employment terminated?	<input type="text"/>	

Prior to this claim, has the customer been registered with you in the last 6 months?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, please provide the dates	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Signed	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>

Full Name	<input type="text"/>
Position	<input type="text"/>
Telephone Number	<input type="text"/>
Fax Number	<input type="text"/>



Q - How long will it take to process my claim?

A - We aim to process all claims wherever possible within 30 days of receipt of the claim form. There will be occasions when we may encounter delays as we await information from third parties. However, you can assist us in processing your claim as quickly as possible by fully completing the claim form and providing as much of the requested information as possible and returning it along with your claim form.

Q - Why do you need information from my employer?

A - In order for a claim to be met it is necessary to verify the terms of your employment to ensure you meet the requirements of the policy as stated in the policy terms and conditions. It is also necessary to confirm that the ending of your employment was through no fault of your own.

Q - I am self employed, what information do you require for me to evidence my unemployment?

A - In order to claim for unemployment your business must permanently and totally cease to trade due to circumstances beyond your control. We will require evidence from the Inland Revenue that they are aware you have ceased to trade and also confirmation, in writing, of the events leading to the cessation of your business.

Q - Why do you need information from me relating to my mortgage?

A - The policy you hold with Paymentsshield is a Mortgage Payment Protection Policy and we must ensure that a mortgage is held in your name on the property that you have insured with us and that the property is being used for residential purposes by you and your family.

Q - Why do I have to provide evidence of my income?

A - You are only able to insure a percentage of your income under the terms and conditions of your policy and we may request confirmation of your income to ascertain that your income fits within these guidelines.

Q - What evidence do I need to provide each month in order to receive my monthly benefit payment?

A - We will require an original ABI1 form, fully completed by the Job Centre, on or after your payment due date confirming you continue to be registered as unemployed and actively seeking employment. In addition to this we will require evidence of your job search every 2 months. This can be in the form of emails, job applications or response letters. Every 3 months we will require evidence from you in the form of a bank statement that your mortgage payments remain up to date. If we do not receive the information we request it could delay your monthly benefit payment or even stop us releasing your payment all together.

Q - What is an ABI1 form?

A - An ABI1 form is a form provided by the Job Centre which confirms you are registered as unemployed and in receipt of benefit. It also confirms the dates of your claim with them. It may also be known as a "Benefit Information for Insurance Purposes" form.

Q - Why are you requesting my bank details?

A - Any benefit payments due relating to your claim will be made directly into your designated bank account.

Q - Do I need to continue paying my monthly premium whilst I am claiming?

A - Yes. Your benefit will automatically be increased by your premium amount during the claim period.

