Scottish Provident

Making a Total Permanent Disability Claim

Five simple steps to help you make your claim

We want to keep it as simple as we can when you make a total permanent disability claim.

We know that lots of paperwork and form filling is usually the last thing on your mind, especially if you are not in particularly good health. We want to help and support you and that is why we try to make our claims process as easy as possible.

To help you, we have put together this easy to follow guide so you can see how our claims process works and what happens at each stage. Our dedicated customer care team is there to make sure your experience when making a claim with us is straightforward and simple.

Step 1 – Reading your plan documents

If you have to make a claim, the first thing you will need to do is read the documents that were sent to you when you first took out your plan.

These will help you understand what you are covered for. The definition relevant to your claim can be found at the top of your claim form or on your original plan documents. If you no longer have, or are unable to find the documents appropriate to your plan, you should contact a member of our customer care team on **0345 271 0007**.

Step 2 – Filling in a claim form

The next step is to fill in and check all the details on your claim form, then return it to us in the envelope provided.

Please check you have given us everything we need:

- Have you filled in your claim form with as much information as possible?
- Have you signed your claim form?
- Have you given us the details of your GP?
- Have you given us the details of your consultant or medical specialist?
- Have you given us your contact details so that we can keep you updated on the progress of the claim?
- Have you included your original policy schedule or completed the lost policy form?

Step 3 – Gathering your medical information

At this stage, we will be writing to your GP and/or consultant or specialist to ask for your medical reports. This can take time and it is not unusual for one or two months to pass before all the information we need is received.

We understand that having to wait for that amount of time when you are making a claim is frustrating but we must be sure that we have all the necessary information to assess your claim fairly. While we are waiting for your medical reports to arrive, we will keep you up to date on what is happening by calling or writing to you.

Occasionally, we find that the information given on an application form is different from the medical information we receive from the GP and/or consultant or specialist. This can sometimes affect our ability to pay a claim and it is important for us to investigate this. To make sure that we have understood what the differences are, we may go back to the GP and/or consultant or specialist for more information. This further request for information will increase the time it takes us to assess your claim, but does not necessarily mean that your claim will not be paid. Again, while we are waiting for this further information to arrive, we will keep you up to date on what is happening by calling or writing to you.

Step 4 – Considering your claim

Our team of experienced claims assessors will then consider your claim and make a final decision as quickly as possible.

Other things to bear in mind...

We may ask you to attend an independent medical examination and/or one of our claims representatives may visit you.

For a claim to be paid, the disability must be irreversible with no reasonable prospect of there ever being any improvement.

A claim not long after your plan starts tends to be unusual and it may take more time to gather the relevant information for your claim.

Remember, your plan must be current with all premiums paid to be able to make a claim. You should continue to keep paying your premiums until we have reached a decision on your claim. If we pay out the claim, we will of course give you back any overpaid premiums paid during the claim process.

Step 5 – Keeping you up to date

It is important for us to keep you updated on the progress of your claim. We will keep your financial adviser updated too (if you have asked us to do so).

This means we will call you or your financial adviser (or both) on a regular basis to keep you in the picture. If you would prefer to be contacted by letter, or there is a particular time of day that you would like to be called, just let us know.

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Giving you full support throughout the process

We are there to support you at all stages of the claims process with any enquiry, question or concern you may have.

We appreciate this can be a difficult time for you and others around you. To help and support you, our dedicated customer care team aims to provide you with an excellent and friendly service.

Call our claims team on **0345 271 0007**.
Monday to Friday, 8.30am-6pm.

Just need someone to talk to?

As a special added service for you, we have arranged access to Lifeline, an independent and completely confidential helpline.

Lifeline* provides expert advice on legal and medical issues. It is staffed by lawyers, nurses and medical experts. So whether you are experiencing a difficult issue yourself or helping someone else deal with a problem, the experts at Lifeline can help.

Call Lifeline on **0345 601 2638**.
Monday to Friday, 9am-5pm.

* Lifeline is available at no additional cost other than the cost of a national rate phone call. Rates may vary depending on the operator and time and length of the call and if you are calling from a mobile. Please note that Lifeline is entirely separate from Scottish Provident and all advice is therefore independent from Scottish Provident.

This leaflet is a guide only and our claims process may change. Our claims requirements are detailed within the policy provisions of your plan.

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