compass underwriting

CONTINUATION CLAIM FORM - UNEMPLOYMENT

IMPORTANT INFORMATION:

1. Premiums must continue to be paid on the due date while you are claiming under this policy.
2. Please complete sections 1 and 2, please also complete section 3 or provide the ABI 1 forms for the entire period being claimed. These should be obtained each time you sign on, there should be one for every 2 weeks.
3. Please make sure that you answer all the questions fully and return the form to us for the current period being claimed on or after the date requested by our claims dept along with proof of all your Job searches. Failure to fully complete the form and inadequate job searches will result in the form being sent back to you, which will delay the processing of your claim.
4. One of our appointed representatives may visit you while you are claiming. Failure to see them could invalidate or seriously delay your claim. Return this and the ABI1 forms to: Compass Underwriting Ltd, Claims Dept, 1-2 Crutched Friars, London. EC3N 2HT. Tel 0800 319 6601 or facsimile 020 7398 0109

SECTION 1 (to be completed by the Insured)

1. Certificate No:

2. Date of Birth

3. Telephone No

4. Full Name

5. Address

Postcode

6. Have you have undertaken **ANY** employment of any kind (paid or unpaid) since the last time you claimed? Yes ☐ No ☐
(if **YES**, please give full details and dates on a separate sheet of paper.)

7. Have you undertaken **ANY** holidays, courses or training since the last period? Yes ☐ No ☐
(if **YES**, please give full details and dates on a separate sheet of paper.)

8. Do you have any other applicable insurances? Yes ☐ No ☐
(i.e. mortgage, loan, credit card, income protection)

If **YES**, please state how much benefit you are receiving each month **£** for how long months

from which Insurer(s)

9. Are you actively seeking employment ? Yes ☐ No ☐

If **NO**, when did you stop looking for work or on what date did you return to work?

10. Supporting Documents

Please provide copies in support of your claim of what jobs you have applied for including any responses from potential new employers, copies of applications made including any specific advertisements, any other letters, emails, internet searches, responses and a copy of your job search diary. Please note that in some cases we may ask to see original documentation.

Please note that failure to provide detailed evidence that you are actively looking for work could mean a suspension of your monthly benefit or even potentially invalidate your claim.

SECTION 2 Declaration (to be completed by the Insured)

I hereby declare that the above statements are true in every respect to the best of my knowledge and belief and that I have disclosed all additional information likely to influence the continued payment of my claim. I consent to the seeking of information from my past and present employers, the Employment Service, the Benefits Agency or any person/organisation that the insurer deems necessary, and I authorise the giving of such information.

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

I understand and agree that information regarding my claim may be shared with other insurers, the Employment Services and the Benefits Agency for fraud prevention purposes.

DATA PROTECTION ACT 1998 I hereby consent to any information you have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signed

Date

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SECTION 3 (to be completed by the Benefits Agency)

(Note to Benefits Agency: If you provide the claimant with the ABI 1 forms - this will be acceptable rather than having you complete this section)

1. Date first registered as unemployed?

2. Is claim continuing? Yes ☐ No ☐

If **NO**, when did claim end and what was the reason?

3. Is the claimant in receipt of benefit? Yes ☐ No ☐ If **YES**, period of receipt From: To:

If **NO**, please state reason:

4. Has the claimant entered a Government Training Scheme? Yes ☐ No ☐

If **YES**, when did the scheme start?

5. Is the claim suspended or disallowed? Yes ☐ No ☐

If **YES**, please give details:

6. Is the claimant active in their search for employment, including going to interviews? Yes ☐ No ☐

If **NO**, please give details:

7. Has the claimant declared part-time work? Yes ☐ No ☐

If **YES**, please give details:

8. Signed

Title

Date

Please print name

Official Stamp