

DEFK0502

Group Income Protection Employee claim form

Your employer would like to submit a claim to us about your absence from working on either a full-time or part-time basis.

What you need to do

Please complete the following forms and send them back to us via your Employer

- Claim form
- 1st copy of the consent form

2nd copy of the consent form should be completed and given to your GP with the request for copies of medical records. Please fill in your details before you give this to your GP.

The **Statutory Rights leaflet** is for you to keep, it gives you information on how we will hold and process your information.

So we can assess the claim effectively, please answer the questions in this form in full and as accurately and honestly as you can. If you have any questions or need help completing any part of the form, please call us on 01306 87 3243 and we will be happy to help.

If you would like additional information about our claims process, please visit our website www.unum.co.uk and look for UP2214 'Employee Guide to Claims Management' in the downloads section, or by using the search function.

Your details

Your employer's name

Jialin Yang

Your title and name

Enterprise Analytics Manager, Product

Your address

Flat 48, Cornwell House, 13 Ron Leighton Way

Postcode E6 1 EQ

Your home telephone

Mobile

07856226910

Your email address

zakkyang@hotmail.com

Date of birth

06/03/1985

Please leave this space blank

Your medical condition

1. Date that you became unable to work?

2024-03-18

2. Please describe your illness or injury, including details of your diagnosis, current symptoms and how often you experience them?

Stage 4 colon cancer

Primary Sigmoid cancer with liver metastases. The cancer is incurable and treatment is chemotherapy (FOLFIRI) and target therapy.

3. Name and address of your GP

Shrewsbury Centre

Shrewsbury Road, Forest Gate, London,
Greater London

Postcode: E7 8QP

Telephone number

03000337700

Date last consulted

Date of next appointment

Name and address of your main consultant or specialist
(please write NONE if no other doctor consulted)

Professor Marco Gerlinger

95-97 Harley Street

Postcode: W1G 6AF

Telephone number

02073172500

Date last consulted

2024-06-06

Date of next appointment



Please use additional pages to provide details of any other consultants/specialists if necessary. If you have copies of any reports or correspondence you think may help us assess the claim, please send them with the claim form.

Your work

1. How does your condition and its symptoms affect your ability to do your job or any other work?

Need to cope with the side effects of chemo

2. What assistance would you need, and what would need to change, for you to return to work?

Currently not needed. All the tumor markers in the blood test are back to normal range. And potentially, I will have a surgery to remove cancer and finally and hopefully can go back to work.

3. Have you discussed any of these changes with your employer?

Yes

☒

No

☐

4. Are you doing or planning to do any work, whether for your employer or elsewhere?

Yes

☐

No

☒

Please tell us if you do any work, whether paid or unpaid as this may affect our benefit.

Your home situation and daily activities

1. Are you currently allowed to drive?

Yes

☐

No

☒

If no, please state why and indicate if you have informed the DVLA.

2. What are your current difficulties when carrying out daily activities and how does this affect your day to day living - eg. What can you not do, or you struggle to do, due to your illness or injury that you used to be able to do.

Fatigue during the chemo period. Low energy.

3. Please describe a typical day since the start of your absence due to your condition (from waking to going to bed).

Do jogging.
Prepare breakfast.
Take medicine and supplements.
Go to hospital for chemo for 6 hours
Go back home and rest
Try Doing jogging
Sleeping

Financial information

1. Have you applied for or are you receiving any benefit under any other sickness, accident or Income Protection policies?

Yes

☐

No

☒

If yes, please provide details below.

Insurer's details, address and phone number	Type of insurance	Policy number	Annual benefit (£)	How long benefit is paid for

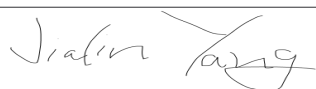
2. What income are you currently receiving (from your employer or any other source)? Please provide details below.

Details of what the income is for	Date this income was first received	Monthly/annual amount (£)
Salary		

Declaration

1. I have read and understood my statutory rights as set out in the accompanying document entitled "Your Statutory Rights".
2. I consent to Unum holding and processing personal sensitive data about me for the purposes of assessing this claim.
3. I declare that all statements made are true and complete to the best of my knowledge and belief and that I have disclosed all information material to this claim for benefit.
4. I agree to let Unum know about any changes in my personal circumstances that might affect this claim.
5. I understand that if any information provided is found to be deliberately misleading, or if I fail to provide material information, this claim may be rejected.
6. I will attend an Independent Medical Examination with a health professional appointed by Unum if requested to do so for the purpose of assessing this claim.

Signed



Date signed (dd/mm/yyyy)

07/06/2024

Full name

Jialin Yang



Please remember to include copies of any reports or correspondence you may have to help us assess the claim.

If you want to provide any additional information, please use this space

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