Absence notification for Employers

Notifying us of a potential claim at an early stage can bring benefits for you and your employee. Where appropriate, we can provide fast tracked rehabilitation, therapies and support. Early access to these services can help speed up a recovery and allow your experienced employee to return to work sooner.

Our Sharing the personal data of absent employees leaflet suggests different legal basis for sharing details of absent employees, and could help you design an efficient notification process.

This claim form should be completed for Employee and Director claims where dividends are not insured. Please check your policy schedule for more guidance regarding who is covered.

For other members (Directors with insured dividends or Equity Partners/LLP members) please follow the links to these Absence Notification forms;

Absence Notification form for Partnerships (Equity Partners and LLP members)

Absence Notification form for Dividends

1. Principal employer

Principal employer's name	
Employer's name (if different)	
Group policy number	G
Employer's contact name	
Employer's contact number	
Employer's email address	
Employer's contact address	
Postcode	

2. Member

Please provide the following information to the member:

- To protect against financial crime, we may need to confirm the member's identity from time to time. We may do this by using reference agencies to search sources of information about the member (an identity search). This will not affect the member's credit rating. If this identity search fails, we may ask the member for documents to confirm their identity.
- L&G's Privacy Notice, will help a member understand what we do with the information we collect. The Privacy Notice is available at: **https://www.legalandgeneral.com/privacy-notice/**

To avoid delays you need to accurately complete the member's full name, date of birth, gender and address details. Incomplete details will result in delays and the need to request further information from the member at a later stage to confirm their identity.

2. Member continued

Title

Surname

Forename(s)

Address

Postcode

Telephone number

Personal email address

Date of birth (DD/MM/YYYY)

Employee Number (Optional)

Business Division (Optional)

2.1 On what date did the member:

Start service with the employer? (DD/MM/YYYY)

Become a member of the scheme? (DD/MM/YYYY)

2.2 If the member is currently on a temporary or fixed term contract, what is the date the temporary or fixed term contract is due to end? (DD/MM/YYYY)

2.3 What scheme category is the member in, if known?

2.4 When was the member's first date of current absence? (DD/MM/YYYY)

2.5 When was the last time this member was in full active employment, physically and mentally able to perform all the duties associated with their normal job as an employee? (DD/MM/YYYY)

2.6 Please provide details of all absence related to this condition in the last 12 months, including their current/most recent period of absence (this includes any period where the member has been working in a reduced capacity).

3. Reason for absence

Please fully describe the illness or injury that is preventing the member from working. If they're off work for an operation or recovery from an operation then please include full details.

4. Employment details

4.1 Employee's job title

Please enclose, with this application, a copy of the member's job description, including skills and competencies required, together with attendance records for the last two years.

4.2 Is the employee required to travel as part of their role, not including the commute.

4.3 Does the job role require a special licence or certificate?

☐ Yes ☐ No

If you answer 'Yes please provide the name of the special licence or certificate required for the role in the box below.

4.4 Are there any non-medical reasons that may be impacting on the individual's absence?

☐ Yes ☐ No

If Yes, please give details.

5. Financial details

5.1 For benefit calculation purposes, what are the member's:

Contractual weekly working hours? hours

Scheme earnings in accordance with the insured definition? £

Basic annual salary prior to date first absent £

Pensionable earnings prior to date first absent (for calculating pension contributions, if insured)? £

Total earnings in 12 months prior to absence? £

if this salary falls outside of tolerance compared to the data you submit, we will need to query this to understand the reason for the difference.

5.2 Is the member in the company pension scheme?

☐ Yes ☐ No

If yes, date joined pension scheme. ☐☐☐☐☐☐☐☐ (DD/MM/YYYY)

5.3 If pension scheme contributions are covered under this policy please state the rate paid.

Employer Employee

5.4 For flexible/MULTIFLEX benefit schemes:

Please state the % of scheme earnings insured. %

Please confirm the chosen period up to which benefit can be paid.

☐ years limited term ☐☐ years old ☐ state pension age

5. Financial details continued

5.5 Benefit is payable monthly in arrears to the employer by direct credit. Please provide the following details:

The below fields are for the policyholder s (employer s) bank details.
Please DO NOT enter the members bank account details.

Account name

Account number

Sort code

6. Further information

6.1 Have you requested Occupational Health advice relating to this absence?

☐ Yes ☐ No

If yes, please provide contact details and information about the advice you've been given.

6.2 Has the job description been attached?

☐ Yes ☐ No

6.3 Have the member's absence records been attached?

☐ Yes ☐ No

7. Fraud prevention

The personal information L&G collects from you and/or your employer will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, **www.cifas.org.uk/fpn**

L&G and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

L&G and other organisations may access and use from other countries the information recorded by fraud prevention agencies. If you wish to receive relevant details of the fraud prevention agencies, please contact our Group Financial Crime team directly; Group Financial Crime, Legal and General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

L&G may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

8. Declaration by the principal employer as grantee of the policy

We declare that on the date of last attendance at work the member met the eligibility conditions agreed for the policy. We also declare the information we've provided in this form is correct to the best of our knowledge and belief.

We confirm that we have a legal basis, to provide the information contained in this form to L&G and to receive from L&G any further information (including medical or health information) that is required as a result of this notification. L&G's Sharing personal data of absent employees leaflet suggests different legal basis to consider.

If the member's absence results in the payment of Group Income Protection benefit under the policy, we, the grantees of the policy, ask you to make payment in accordance with the instructions given above.

Please note: We should be notified as soon as possible if the member returns to active employment.

To be signed by an official of the principal employer. This form should not be completed by the absentee.

Signature or print name	✗
Job title	
Date signed (DD/MM/YYYY)	

Please print, sign and return by post, or simply type your name in the signature box and return by email.

Contact us

0345 026 0094
We may record and monitor calls. Call charges will vary.

groupprotection.benefitsmanagement@landg.com
https://group-protection.legalandgeneral.com/employer/

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