

Barclays Insurance Dublin Loss of Employment Claim Form



Agreement Number

Once you have filled in all the relevant sections of the attached claim form,
please use the envelope provided or post to:

**Firstplus Claims Service
Barclays Insurance Dublin
PO Box 300
London
W4 5TD**

Claim Number (for official use only)

Tel: 0870 600 0141*

Please remember the following:

- 1 You must continue to make payments under your credit agreement while we (Barclays Insurance Dublin) are assessing your claim.
- 2 Sending you this claim form does not mean that we will accept your claim.
- 3 If we accept your claim, we will backdate your payments to the date the claim became valid.
- 4 A company representative may visit you during the period for which you claim (if applicable).
- 5 Please fill in this form in black ink and in BLOCK CAPITALS.

Instructions

This guide will help you fill in the claim form accurately so we can process your claim quickly.

If you do not fill in all of the relevant sections of this form, this may cause delays in processing your claim.

We may need to return the claim form to you for you to fill in the missing sections.

If you have any questions about the claim form or need help, please phone us on 0870 600 0141.*

You must not use this claim form if you are off work due to sickness or accident. It may help you to tick the boxes next to each item below to confirm that you have provided all of the information that we need.

Put a line (or write 'N/A') through any sections which do not apply to your claim.

Please keep a copy of your claim form and any other information you send us, for your own records.

If you want to give us any more information to support your claim, please attach this on a separate sheet (for example, your P45 or letter of termination).

- Fill in sections A and B3 fully (and section D if it applies).
- Please ask the job centre to fill in section B1 or B2 fully.
- Please ask your employer to fill in section C unless you were or are self-employed.
- If you were or are self-employed, please ask your tax office or accountant to fill in section E
- Read and sign section F



* To make sure we maintain a high-quality service, we may monitor or record phone calls.
Calls to 0870 numbers are charged at your national rate. Additional charges may apply when using a mobile phone or when calling from abroad.

C Employer's statement (This must be filled in by your most recent employer if you are or were not self-employed.)

<p>Employee's name <input type="text"/></p> <p>Occupation <input type="text"/></p> <p>Was redundancy voluntary? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', please give reasons why.</p> <div style="border: 1px solid black; height: 150px; width: 100%;"></div> <p>Date the employee started work <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Date the employee was made redundant <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Was the employment permanent? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was the employment seasonal or casual? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Was the employee on a fixed-term contract? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes', did they expect it to be renewed? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>The employee was employed: From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Do you plan on re-employing the employee again within six weeks from the date of redundancy? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Date the employee was first told that they would be made redundant. <input type="text"/> / <input type="text"/> / <input type="text"/></p>	<p>Reason for redundancy? If there are any reasons why you cannot fill this in, please provide these details on a separate sheet.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Did the employee receive wages instead of working their notice period? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If 'Yes': From <input type="text"/> / <input type="text"/> / <input type="text"/> To <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Company name <input type="text"/></p> <p>Company address and postcode <input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p><input type="text"/></p> <p>Phone number <input type="text"/></p> <p>Fax number <input type="text"/></p> <p>Name (in BLOCK CAPITALS) <input type="text"/></p> <p>Signature <input type="text"/></p> <p>Position <input type="text"/></p> <p>Date <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>Company registered number <input type="text"/></p> <p>Company stamp (or evidence on company headed paper or a business card)</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
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D Other occupational details (You must fill this in if it applies.)

If you were not with the employer shown above for six months, please provide details and dates of all employment and employers in the past six months.

E For self-employed only (To be filled in by your accountant or tax office.)

Name of business

Name of accountant or tax office

The business has traded:

Address and postcode

From / / To / /
From / / To / /
From / / To / /

Date you started acting for the client / /

Phone number

Customer tax reference number

Fax number

Customer registered company number

Name

Position

Has the business stopped trading permanently?
Yes No

Signature

Date / /

If 'Yes', please give reasons for stopping trading.

Company or tax office stamp

F Notice and declaration

Notice

Insurers share information with other insurers to prevent fraud. We may pass the information you supply on your application form and any other information about your claim to other insurers.

Your declaration

- The information I have given is true. If any of the information I have given or which is given for me is incorrect, I understand that you will be able to take away my rights under my policy.
- I agree that any employer, ex-employer, employment service or anyone else you ask, can give you information about me for this claim.
- I understand that I must give you evidence to prove that my claim is valid. I understand that I must give HM Revenue & Customs all the information they need to work out any tax I may owe arising from you paying claim benefits.
- Copies of this declaration will be legally valid.

You may hold or release the information on this form (and any person you have authorised may do so) for the purpose of my insurance. This includes providing, processing, handling claims and preventing fraud. It could also include passing details to other insurers. You may ask other insurers for information to check the information I have given.

Your signature:

Date:

Please print your name here.