



# Unemployment Claim Form

## INSTRUCTIONS - IMPORTANT - PLEASE READ CAREFULLY

1. Please answer all the questions in FULL and in BLOCK CAPITALS.
2. Section A and B has to be completed by YOU.
3. Section C has to be completed by your Accountant if you are self employed.
4. Section D has to be completed by the Human Resources Department of your previous employer or alternatively, the administrative receivers/liquidators of your previous employers.
5. Section E has to be completed by YOU.
6. Please enclose a copy of your official notice of redundancy.
7. Please ensure you enclose the ABI 1 form issued to you by the Employment Office.

The form when completed should be returned to the Scheme Administrators, Cassidy Davis Insurance Services Ltd, 21 Perrymount Road, Haywards Heath, West Sussex, RH16 3TP

### FOR OFFICE USE ONLY

RF

CD

MB

J1

J2

### STAMP

Account No.

**To prevent fraudulent claims insurers share information with each other via a Register of Claims. The information you supply on this form, together with the information you have supplied on any application form that you may have completed and any other information relating to the claim, will be provided to other Register participants.**

## SECTION A - Your Personal Details - to be completed by YOU

Your title  Mr ✓  Mrs ✓  Miss ✓  Ms ✓  Other title

Your surname

Your first name(s)

Your home address   
  
  
  
Postcode

Your telephone numbers  Home  Mobile

E-mail Address

If you have supplied either a mobile number or an email address we may use these as an alternative to regular postal services to ensure a speedy and accurate delivery.

Where the terms of your cover allow, claims payments may be made directly into your bank account. Please give us details of the account you would wish to be credited.

Your Bank Sort Code

Your Bank Account Number

Claim Number (for office use only)

Your date of birth

Your Pay Roll Number with your last employer

Your National Insurance number

Your occupation prior to unemployment

Were you self-employed? YES ✓  NO ✓

Name and Address of your employer or business if self-employed.   
  
  
  
Postcode

How many hours did you work each week?

How long were you with your employer? Years  Months

Date when you last worked.

## SECTION B - Reason for your claim - to be completed by YOU

Cause of unemployment

If redundancy, when were you first told about it?

--	--	--

Compulsory Redundancy ✓

Dismissal ✓

If you were self-employed, have you told the Inland Revenue that you have ceased trading?

Yes ✓

No ✓

Voluntary Redundancy ✓

Resignation ✓

If YES, please attach a copy of the following, if applicable:

Other (please specify)

--

Your letter to the Inland Revenue ✓

An acknowledging letter from the Inland Revenue ✓

Was your employment:

Permanent ✓

Fixed Term Contract ✓

Temporary ✓

Have you previously been unemployed in the last six months?

YES ✓

NO ✓

If fixed term or temporary, please provide dates:

If YES, please give dates:

from 

--	--	--

to 

--	--	--

from 

--	--	--

to 

--	--	--

## DATA PROTECTION

Except as authorised in the Section E, Cassidy Davis Insurance Services Ltd will not discuss your claim with anyone else without your permission. This includes your spouse, partner, any other relative or friend, or your legal advisor. If you want to give us permission to talk to another person(s) please provide their details.

**Name**

**Relationship**



## SECTION C - Accountants Statement

- to be completed by your Accountant if you are self-employed.

Client's Name 

--

Accountant's name

Date self-employment commenced 

--	--	--

--

Date self-employment ceased 

--	--	--

Date the Inland Revenue were informed that the business had ceased to trade 

--	--	--

Official stamp

Circumstances of cessation of trading


--

Total income for last 12 months of trading 

--

Accountant's Signature

--

Did your client cease trading as result of insolvency of the business?      Yes       No

Accountant's Name 

--

Date 

--	--	--

**SECTION D** - to be completed by the Human Resources Department of your previous employers or the administrative receivers/liquidators of your previous employer.

(Where Yes/No questions appear, please tick appropriate box)

Employees's Name  
(BLOCK CAPITALS)

What was the nature of employment?

Permanent ✓

Temporary ✓

Date employment commenced

Fixed term ✓

Sub Contractor ✓

Date employment ceased

Other (please detail below)

What was the reason for unemployment?

How many hours was the employee contracted to work each week?

Basic gross annual salary

What were the circumstances surrounding unemployment?

Was termination of employment voluntary?

YES ✓

NO ✓

If the employee was dismissed, was this due to misconduct?

YES ✓

NO ✓

How many weeks payment in lieu of notice were given?

What Period did this represent?

from  to

When did you advise the employee of impending unemployment?

Was notice of unemployment given in writing or verbally?

If employment was fixed term or temporary, please provide dates of the contract

from  to

Employer's name and address

OFFICIAL COMPANY STAMP

Official's Signature

Position held

Official's name

Date

PLEASE TURN OVER

In order to claim for unemployment benefit under the terms of this insurance policy you must register or "sign on" as unemployed with the Employment Services. The date you register as unemployed is important because it is the "loss of date" for the purposes of the insurance and the date on which any "waiting period" or "excess" starts. We will not be able to assess what benefits might be due to you, or give you a date when payments start, until you have registered. So, if you are currently employed and have not yet "signed on" we urge you to do so as soon as possible.

## SECTION E - Declaration of the Insured

If you are in any doubt about whether you are entitled to register as unemployed, receive State employment benefit or have any concerns about your availability for your work you should discuss them with your local Employment Office.

I declare that to the best of my knowledge and belief the answers given above are true and I understand that if I have knowingly made a false representation any benefit payments made shall be invalidated.

I authorise Cassidy Davis Insurance Services Ltd to make any necessary enquiries and obtain any information they consider relevant from my past and present employers, the Department of Health and Social Security or other appropriate sources.

I authorise Cassidy Davis Insurance Services Ltd. to make available to my finance company information regarding this claim.

I understand that my Evidence of Cover document, which I am enclosing, will be returned to me.

I consent to the seeking of information from other insurers to check the answers I have provided and I authorise the giving of such information for such purposes.

### Data Protection

By signing this declaration I am allowing the Jubilee group of companies which include Cassidy Davis Insurance Services Limited, and their agents, to process my claim using the information I have provided. I understand and agree that they may respond to enquiries by the Police concerning my policy or claim in the normal course of investigations.

Where it is necessary to administer your policy efficiently or protect your interests, we may disclose the data you have supplied to other third parties, such as a solicitor, loss adjuster, loss assessors of other insurers or Re-Insurers. This may involve the transfer of your information to countries which do not have data protection laws. You should show this notice to anyone insured under the policy, about whom personal data has been supplied. The data will not be passed to any other parties, other than those disclosed on this form. It is important that the data you have supplied is up to date. If you ask we will let you know what information we hold and provide a copy in line with the Data Protection Act (a fee is payable).

CLAIMANT'S SIGNATURE

DATE