

GUIDELINES FOR COMPLETION OF THIS DOCUMENT

1. When the Grantee of the insurance contract is an employer (or in other cases where Nordben specifically requests it)
 - The employer should complete sections A and B
 - The claimant should completed sections C and D
2. When the Grantee of the insurance contract is not an employer
 - The claimant should complete sections A, C and D (section B can be left blank)

This document should be stapled, together with any accompanying documents, and sent by post to Nordben at the address given on the last page. Facsimile copies cannot be accepted.

To avoid delays in processing this document, please write clearly and in English using block capitals.

HOW WILL THIS DOCUMENT BE USED?

Nordben Life and Pension Insurance Co. Limited will use this document and other relevant details to decide whether and on what terms to accept the claim. For these purposes this document will be disclosed to relevant Nordben staff and may be disclosed to the Company's Consultant Medical Officer and to third party life reinsurers and their retrocessionnaires. It might also be necessary to obtain additional details from persons and companies, referred to in this document, for the purpose of reaching the claim decision. By signing the 'Declaration' on page 7, the claimant will have given consent to our disclosing appropriate details from this document to them. No sensitive data is passed on to a third party unless the correct legal procedure is followed.

This document will be held on file and will be disposed of in accordance with the terms of the contract. It will be reviewed periodically whilst the claim is in force and maybe reviewed in the event of a future claim to ensure that information has not been withheld that would have been relevant to our claim decision.

Nordben Life and Pension Insurance Co. Limited takes the privacy and security of data held on its clients very seriously. We have published a guide to ensure that our clients are informed about their rights and our obligations under The Data Protection (Bailiwick of Guernsey) Law. The guide is available on our website www.nordben.com/data-protection.

A. EMPLOYER/GRANTEE DETAILS

Grantee name:	Employer's name: (state employer's name if different to Grantee, if self employed state "self employed")	
_____	_____	
Policy/plan number:	Employee/claimant's name/:	
_____	_____	
Date of birth: (dd/mm/yyyy)	Nationality:	Date of joining the plan (dd/mm/yyyy):
_____	_____	_____

B. EMPLOYEE DETAILS

Employee's job title:

Precise details of employee's duties:

B. EMPLOYEE DETAILS (Continued)

How long has the employee been performing these duties?:

Describe in full the nature of the disability:

From what date did the absence from work begin? (dd/mm/yyyy): _____

Has the employee ever been absent before with the same or similar condition? Yes No

If yes, please give date(s) (dd/mm/yyyy):

Was the employee eligible for the plan when last at work? Yes No

Is the employee still a member of the plan? Yes No

Will the employee's job be available once the disability has ceased? Yes No

Give details of the employee's salary:

Basic salary (per annum):	_____	Currency:	_____
Overtime (per annum):	_____	Currency:	_____
Bonus (per annum):	_____	Currency:	_____
Other (per annum):	_____	Currency:	_____

Is all of the total above allowable within the definition of "salary" under the plan? Yes No

C. FURTHER INFORMATION (Please supply any further information which may assist us in dealing with the claim)

Important note

Material facts are facts which Nordben Life and Pension Insurance Co. Limited would regard as likely to influence the decision whether or not to accept the claim. Failure to disclose any material fact may result in the claim being refused, even if insurance was accepted by Nordben Life and Pension Insurance Co. Limited. You should disclose any fact if you are unsure whether or not it is material to the claim.

D. DECLARATION

We declare to the best of our knowledge and belief that the statements in this document are true and complete.

We declare that we have disclosed all material information (see important note above) and understand that if any information provided is found to be deliberately misleading, or if any material fact has not been disclosed, this claim may be rejected.

Name of signatory: _____ Status of signatory: _____

Signature: _____ Date: (dd/mm/yyyy) _____

E. TO BE COMPLETED BY THE EMPLOYER

Marital status: _____	Number of dependant children: _____
Address: _____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____

Post code: _____	
Job title: _____	
If self-employed, please supply the following:	
Trading name: _____	
Business address: _____	Telephone no: _____
_____	Facsimile no: _____
_____	E-mail: _____

Post code: _____	
Where do you normally work? (e.g. factory, shop, office) _____	
Full description of your occupation (including any part-time or occasional work undertaken):	

Give details of any work undertaken (either paid or unpaid) since the onset of disability:	

Is a driving licence or any other type of licence necessary to perform your occupation?	

Give details of any particular aspect of your regular or occasional employment which may interact with your disability and delay a return to work. (e.g. substantial driving, lifting, carrying or climbing):	

F. DETAILS OF DISABILITY

Give full details of the disability:

F. DETAILS OF DISABILITY (Continued)

Is the disability the result of an accident? (If yes, give full description of what occurred)

Yes No

On what date did the symptoms commence? (dd/mm/yyyy): _____

On what date were you totally unable to perform your occupation? (dd/mm/yyyy): _____

On what date was your first medical consultation for this or any related condition? (dd/mm/yyyy): _____

Name of your usual doctor: _____

Address:

_____ Telephone no: _____

_____ Facsimile no: _____

_____ E-mail: _____

Post code: _____

How long have you been a patient of this doctor?: _____

Have you consulted any other doctor or attended hospital either as an in-patient or as an out-patient? (If yes, give details) Yes No

What treatment have you received in connection with the disability?:

What medication are you currently receiving?:

Give details of any previous period of disability due to this or a related cause:

How does the disability prevent you from working?:

When do you expect to return to work, (either on a part-time or full-time basis)?

Please give details of benefits being claimed or received from any department of social security or any other similar department:

F. DETAILS OF DISABILITY (Continued)

Please give details of any pension being received:

Please give details of any income that will continue during your disability, (e.g. salary from an employer or continuing income from a business):

Are you claiming or do you intend to seek compensation or instigate any legal proceedings against any person as a result of your accident or illness?:

Are you claiming or do you intend to seek compensation or instigate any legal proceedings against any person as a result of your accident or illness? (If yes, please provide details:) Yes No

Further information: (please supply any further information which may assist us in dealing with your claim)

Please attach the following documents:

- A medical certificate signed by your usual doctor.
- A copy of your job description.
- A copy of your last tax return.
- If self-employed, copy of your latest certified accounts.
- A copy of your birth certificate.
- If female and married, a copy of your marriage certificate.

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G. DECLARATION

I declare to the best of my knowledge and belief that the statements in this document are true and complete.

I declare I have disclosed all material information (see important note above) and understand that if any information provided is found to be deliberately misleading, or if any material fact has not been disclosed, this claim may be rejected.

I understand that Nordben Life and Pension Insurance Co. Limited will use the information in the manner described on page 1.

I confirm that I have checked and found correct any statements in this document that are not in my own handwriting.

Signature: _____

Date: (dd/mm/yyyy) _____

Nordben Life and Pension Insurance Co. Limited
Harbour House, South Esplanade, St Peter Port, Guernsey, GY1 1AP, Channel Islands
Telephone: +44 (0)1481 702900 Facsimile: +44 (0)1481 710719
E-mail: info@nordben.com Website: www.nordben.com