



Ref: FOI2022-027

Email

Date

Dear Applicant

Further to our email of 14th September 2022 regarding your request for the following information:

*The option that AWE have selected for staff as a service provision from Unum? The contract
How do AWE ensure consistency of processing applications if it is not written in the company
procedures that are available to staff?
i.e. How are proportionate claims managed?
Where do AWE ER team get the answers to queries*

Your request has been handled as a request for information under the Freedom of Information Act 2000 (the Act). We can confirm that the Atomic Weapons Establishment (AWE) holds all of the information in scope of your request.

Please see the documents attached in the Appendix:-

- A - Unum Policy Schedule, 'The Contract'
- B - Long Term Sickness Absence Work Instructions
- C – Sickness Absence Work Instructions

All 3 documents have been redacted in accordance with Section 40(2) of the FOI Act. This exemption provides that information can be withheld where disclosure would breach the principles of the UK GDPR.

AWE provides Company Sick Pay when employees are unable to work due to illness or incapacity. This provision is outlined in the Leave, Absence and Attendance Standard (6048).

AWE has in place a Group Income Protection insurance policy that provides for continued income and continuation of pension contributions. The benefit design option that has been selected for its employees is outlined on the appended Policy Schedule prepared by the Group Income Protection insurance company, Unum.

The Policy Schedule indicates that “If, as a result of illness or injury, an incapacitated member can return to work only on a part-time basis or to a lower-paid job and suffers a loss of earnings, we will pay a proportionate benefit.”

The work instructions used within the ER Services team are provided (Appendices B and C). These are under review following the appointment of a dedicated Absence Case Adviser in the ER Services team.



Aldermaston ▪ Reading
Berkshire ▪ RG7 4PR

www.awe.co.uk

If the AWE Employee Relations team have queries in relation to the administration and operation of the Group Income Protection insurance policy, such queries may be raised with the Employee Benefits Manager or the insurer, Unum.

Please remember to quote the reference number above in any future communications. If you have any queries regarding the content of this letter, please contact this office in the first instance.

If you are unhappy with the way your request has been handled you have a right to request an internal review within 40 days of receiving this letter, by writing to information.requests@awe.co.uk or our postal address: Information Requests Team, AWE Aldermaston, Reading, RG7 4PR. If you are still unhappy after an internal review has been completed, under the provisions of Section 50 of the Freedom of Information Act 2000 you have the right to take your complaint to the Information Commissioner's Office. Please note the Commissioner will generally not consider a complaint until you have exhausted AWE's internal complaints process.

Yours sincerely,

AWE Information Requests Team

Income Protection policy

AWE PLC

- Income Protection insurance provides cover for you when a member is unable to work because of illness or injury (which we call incapacity)

A member may be an employee, equity partner, barrister, or member of a Limited Liability Partnership, who meets the eligibility conditions shown in the coverage section. The detailed terms concerning members are contained in the user guide.

- The cover will meet a proportion of a member's insured salary. We call this the basic benefit
- We can also cover additional expenses that may be incurred when a member is on long-term sick leave - for example, employer National Insurance costs. We call these additional benefits
- Benefits become payable after a member has been incapacitated for an agreed period. We call this the deferred period
- If, as a result of illness or injury, an incapacitated member can return to work only on a part-time basis or to a lower-paid job and suffers a loss of earnings, we will pay a proportionate benefit
- A person will automatically become a member when they first meet the eligibility conditions you have chosen - including the eligibility date and any requirement to be actively at work
- It is important that you provide us with information about new members. Please see the user guide for more details

This Income Protection policy has two parts:

1. This **coverage** document, which contains the key terms of the policy and the cover choices you have made
2. The **[user guide](#)** UP841 02-2019 which contains the **general terms** of the policy and also tells you how the insurance works in day to day practical terms

The coverage and the general terms within the user guide together form the contract between us - this is known as the policy.



Policy coverage

Key terms

You will be entitled to the benefits shown in the coverage section when a member has been unable to work, because of incapacity, for longer than the deferred period. Benefits, membership, incapacity and deferred period are all explained in the coverage section which sets out your choice of the following:

Who is covered?

You decide the eligibility conditions for membership. If you have chosen more than one category of membership the terms applying to each category are shown.

When does cover begin and end?

- The policy begins on the date you choose, this is called the start date
- New members who are actively at work (this is defined in the general terms) are covered from the date shown in each category
- Cover will end on the date you have chosen as the cover cease age or earlier in some circumstances, described in the general terms
- The general terms also explain the circumstances when the policy may terminate earlier

How much is covered and how long benefits are paid

The coverage section includes your choice of benefits, deferred period, how long benefits will be paid and what is meant by incapacity. Cover is usually provided up to the non-medical limit. For members benefits above the non-medical limit, a medical health and lifestyle assessment will be necessary. The results of the assessment will affect the terms on which cover will be offered.

Limits of cover

Details of limits of cover are contained in the coverage section and the user guide. If a member is able to make a partial return to work, we will pay benefits in proportion to the reduction in the member's earnings. If an incapacitated member receives other income, this may reduce the amount of benefit we pay.

Premium

We will calculate the premium based on the information you have provided. If we do not have all the information we need, we will charge an approximate premium based on the details we have at that time and make an adjustment when the information is provided. The premium will be adjusted (usually, at the policy anniversary) to take account of any changes in the membership during the preceding year. Any premiums will be due and payable as shown on the invoice we have sent to you.

Claims

To make a claim, you should notify us no later than the end of the 10th week of absence, for deferred periods of 26 weeks or more, and the 6th week for shorter deferred periods. **If we do not receive the completed claims forms within 90 days of the end of the deferred period, we have the right to decline the claim or to limit cover.**

Policyholder obligations

Information

The benefits and the premiums payable under this policy are based on the information you give us. The members covered by the policy and the benefits payable will change during the life of the policy and it is important that you provide us with details of changes. If you do not provide the information we need, this could mean that you will have no cover or that cover is limited. You must provide the evidence, information and access to information we need to assess a claim and must make sure that the member is aware that they need to let us know of any changes to their circumstances that might affect the claim.

Membership

We may alter the basis on which the premium is calculated if the number of members increases above or falls below the number set out in the user guide. If the membership falls below the minimum, we may cancel the policy. If we do alter the premium calculation basis or cancel the policy, this will be from the next policy anniversary. You must let us know if there are any significant changes to your business (examples of this can be found in the user guide). The user guide contains more detail about the information you need to provide and when.

If the information we need is not provided, this could result in the cancellation of the policy. Alternatively, it could mean that we will refuse or limit cover for a specific claim.

Incapacitated members

You are responsible for the member and must work with professional advisers and Unum to assist incapacitated members and, where appropriate, take the action necessary to reduce the time that members are absent from work.

Changes to the policy and the policyholder

This policy may continue for many years. We will make changes to the policy's terms and premium rate from time to time. These will usually be made at the policy review date. But, if there are material changes to the law, regulations affecting state benefits or tax, or changes to the policyholder or an associated company, changes can be made at other times. The circumstances when changes may be made are set out in the user guide. The terms and conditions applying to an incapacitated member will be those in force on the date they first became incapacitated.



Complaints

If you are not completely happy with our service or a claims decision, you can make a complaint to our Customer Resolution team.

Phone: 01306 644761

Email: CustomerResolution@unum.co.uk

Letter: Customer Resolution Team, Unum, Milton Court, Dorking, Surrey RH4 3LZ

Fax: 01306 873635

Please include your preferred contact details.

We will do our best to resolve your complaint but if your complaint has not been resolved within 8 weeks, we will explain why it remains unresolved and inform you of your right to refer the matter to the Financial Ombudsman Service (FOS). Once we have finished investigating your complaint we will issue a Final Response Letter. If you remain dissatisfied you have the right to refer the matter to the FOS. You must refer any complaint to the FOS within 6 months of the date of the Final Response Letter. Please note that some cases may not be eligible for referral to the FOS.

Consumer helpline: 0800 023 4567 / (from mobile) 0300 123 9 123

Email: complaint.info@financial-ombudsman.org.uk

Letter: The Financial Ombudsman Service, Exchange Tower, London E14 9SR

Web: www.financial-ombudsman.org.uk



Coverage

Start date	1 February 2017
Effective date	1 January 2021
Policy anniversary	1 January
Policy review date	1 January 2023
Policy non-medical limit	£155,000 (benefit)

The following company is insured under this policy:

1. AWE PLC

Company registration number 02763902

Policy overriding provision

This is a pay direct policy.



Index of categories

1. Employees with 26 Week Deferred Period
2. Employees with 8 week Deferred Period

Category name 1. Employees with 26 Week Deferred Period

Who is eligible for cover

Employment type Employed (PAYE taxed)
 Eligibility All employees with a 26 week deferred period
 Entry ages 16 to State Pension Age
 Cover cease age State Pension Age
 New entrants join Daily

Benefits covered

Benefit levels and definitions

Description	Level	Escalation	Payment period
Employee basic benefit	55% of salary	CPI capped at 2.5% p.a.	60 months
Employee supplementary benefit	Stated Benefit	CPI capped at 2.5% p.a.	60 months
Employer National Insurance benefit	Payable based on the basic benefit	CPI capped at 2.5% p.a.	60 months
Employer additional long-term costs	Stated Benefit	CPI capped at 2.5% p.a.	60 months

Salary, for benefit calculation, is taken as on the day before incapacity

Escalation applies on Anniversary of when payment was first due
 Definition of incapacity Insured occupation cover (Gainful occupation cover applies for licence holders)
 Deferred period 26 weeks
 Salary definition Basic annual salary
 Salary changes Daily
 Non-medical limit applies Yes



Category name 2. Employees with 8 week Deferred Period

Who is eligible for cover

Employment type Employed (PAYE taxed)
 Eligibility All employees with a rolling total of sick days more than 126 in last 4 years who were actively at work on 1 February 2017 as declared to Unum
 Entry ages 16 to State Pension Age
 Cover cease age State Pension Age
 New entrants join Closed with effect from 1 February 2017

Benefits covered

Benefit levels and definitions

Description	Level	Escalation	Payment period
Employee basic benefit	55% of salary	CPI capped at 2.5% p.a.	60 months
Employee supplementary benefit	Stated Benefit	CPI capped at 2.5% p.a.	60 months
Employer National Insurance benefit	Payable based on the basic benefit	CPI capped at 2.5% p.a.	60 months
Employer additional long-term costs	Stated Benefit	CPI capped at 2.5% p.a.	60 months

Salary, for benefit calculation, is taken as on the day before incapacity

Escalation applies on Anniversary of when payment was first due
 Definition of incapacity Insured occupation cover (Gainful occupation cover applies for licence holders)
 Deferred period 8 weeks
 Salary definition Basic annual salary
 Salary changes Daily
 Non-medical limit applies Yes



Work Instruction: Long-Term Sickness Absence

CONTEXT

To understand how to manage the long-term sickness absence process.

USEFUL TO KNOW

Not all cases will follow these work instructions step by step. The ER Team should be led by the case and the company procedures and guidelines.

- Refer to RAG matrix for complexity (during case recheck RAG in case status changes)
- Save all relevant documents in the case file as they are received.
- Keep the timeline on the cover sheet up to date.
- Utilise the Knowledge Base for information.
- Employees must supply Line Managers with a FIT note from day 8 of sickness.
- The income protection benefit triggers are:
 - 8 weeks of absence
 - Not returning to working full hours and duties after 8 weeks
 - Absent or absences over the last 12 months exceeding 80 days.

VALIDATION OF IMPACTED GROUPS

Outlines which groups are captured within the Work Instructions, where a specific group requires additional information and/or instructions, details of Work Instructions are provided.

Groups	Applicable (Y/N)	Additional WI where available
Coulport	Y	
Employee	Y	
Non-Employee	N	

START POINT AND STAGES

Start Point	Alert of a long-term sickness absence
Step 1	ER Team: Check if it is an existing case

Step 2	ER Team: Allocate the absence
Step 3	ER HR Advisor / Associate: Register the absence
Step 4	ER HR Advisor / Associate: Understand the absence
Step 5	ER HR Advisor / Associate: Manage the absence
Step 6	Manager: Refer to Occupational Health
Step 7	Occupational Health: Provides report
Step 8	ER HR Advisor / Associate: Review report
Step 9	ER HR Advisor / Associate: Decide on the next steps
Step 10	ER HR Advisor / Associate: Pre Unum
Step 11	ER HR Advisor / Associate: Unum
Step 12	Manager: Completes Unum forms
Step 13	ER HR Advisor / Associate: Contacts Unum
Step 14	Unum: Process forms
Step 15	ER HR Advisor / Associate: Receive Unum letter
Step 16	ER HR Advisor / Associate: Unum appeal
Step 17	ER HR Advisor / Associate: Processes Unum appeal outcome
Step 18	Unum: Processes claim
Step 19	ER HR Advisor / Associate: Closes case

START POINT – ALERTED OF A LONG-TERM SICKNESS ABSENCE

An alert of a long-term sickness absence case may come in various ways. For example: Payroll, Manager, Occupational Health report.

STEP 1 – ER TEAM: CHECK IF IT IS AN EXISTING CASE

1.1	Is the sickness an existing case? Yes , go to Step 1.2 No , go to Step 2.1
1.2	Have look to see where the case is up to. If related to the sickness alert, the case will remain with current advisor. Go to Step 4.1

STEP 2 – ER TEAM: ALLOCATE THE ABSENCE

2.1	Concern is allocated by the HR Associate and HR Service Delivery Managers.
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STEP 3 – ER HR ADVISOR / ASSOCIATE: REGISTER THE ABSENCE

3.1	Open the tracker.
3.2	Is the case already on the tracker? Yes , go to 3.3



Work Instruction: Long-Term Sickness Absence

	No , go to 3.4
3.3	Update the tracker, add any notes and update the cover sheet. Go to Step 4.1
3.4	Create a line on the tracker. <ol style="list-style-type: none"> Click 'New' Complete the relevant categories on the side bar Click 'Save'.
3.5	Create a case file: <ol style="list-style-type: none"> Open the 'Case files folder' Click 'New' Choose 'AWE HR Personal Information' A new page will load for you to create the case file Name the file – SURNAME, First Name (badge number) Case File Opened DDMMYYYY Add the Employee name and badge number Click 'Save'.
3.6	Create a cover sheet: <ol style="list-style-type: none"> Save a copy of the cover sheet template Name the cover sheet using: SURNAME Firstname Case Coversheet L1 Category of Case Opened XX/XX/XXXX Complete the categories Add a summary Begin the timeline summary Add case file link Save and upload into the case file.

STEP 4 – ER HR ADVISOR / ASSOCIATE: UNDERSTAND THE ABSENCE

4.1	Talk to the Manager to obtain more information.
4.2	Check the Personnel File for FIT notes.
4.3	Check the case file for any Occupational Health notes.
4.4	Check Workday to see the absence category.
4.5	If these tasks haven't been completed, they need to be. Note: this may trigger a change in the RAG status.

STEP 5 – ER HR ADVISOR / ASSOCIATE: MANAGE THE ABSENCE

5.1	Schedule in a periodical review with the Manager. Note: This could be in line with the FIT note.
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5.2	Ask the Manager: <ul style="list-style-type: none"> If they have liaised with Occupational Health, if not go to Step 6 How often they plan to talk to the employee (case dependent) To keep ER Services updated
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STEP 6 – MANAGER: REFER TO OCCUPATIONAL HEALTH

6.1	Ask the individual if they consent to an Occupational Health Referral.
6.2	Did the individual consent? Yes , go to Step 6.3 No , go to Step 9
6.3	Refer the individual to Occupational Health, await the report.

STEP 7 – OCCUPATIONAL HEALTH: PROVIDES REPORT

7.1	Carry out the assessment.
7.2	Send the report to the: Individual, Manager, ER Team.

STEP 8 – ER HR ADVISOR / ASSOCIATE: REVIEW REPORT

8.1	Review the occupational health report.
8.2	Is this a case? Yes , go to Step 9 No , file the report and prepare to close case (e.g. upon return to work). Go to Step 19.

STEP 9 – ER HR ADVISOR / ASSOCIATE: DECIDE ON THE NEXT STEPS

9.1	Is the individual over the Unum Trigger of 80 days and less than state pension age? Yes , go to Step 11 No , go to Step 10
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STEP 10 – ER HR ADVISOR / ASSOCIATE: PRE UNUM

10.1	For absences over 8 days that have not met an income protection trigger (see 'useful to know' section). All actions are case dependent.
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Work Instruction: Long-Term Sickness Absence

10.2	<p>Various actions:</p> <ul style="list-style-type: none"> • Hold conversations with Managers to remind them to remind the employee of all available options and for them to talk to their GP. • Options include: Wellbeing, Help at Hand etc. • Remind the Manager that the timecard needs to be completed • Remind Managers of their processes e.g. Workday, forms, etc. • Keep an eye on FIT notes • Return the employee to work (if they return)
10.3	<p>Has the absence reached an income protection benefit trigger?</p> <p>Yes, go to Step 11 No, keep repeating Step 10</p>

STEP 11 – ER HR ADVISOR / ASSOCIATE: UNUM

11.1	Send the forms to the Manager to complete.
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STEP 12 – MANAGER: COMPLETES UNUM FORMS

12.1	Complete the Unum forms and return to the ER Team within 7-14 days.
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STEP 13 – ER HR ADVISOR / ASSOCIATE: CONTACTS UNUM

13.1	Receive the forms from the Manager.
13.2	Complete the relevant sections on the forms.
13.3	Send the information to Unum.
13.4	Update the case file and cover sheet.
13.5	Send the 55% still absent letter to the employee.

STEP 14 – UNUM: PROCESS FORMS

14.1	Unum will ask the employee for their consent to process the forms and will reply within 26 weeks of the start date of the absence.
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STEP 15 – ER HR ADVISOR / ASSOCIATE: RECEIVE UNUM LETTER

15.1	<p>Receive the Unum letter.</p> <p>Is the outcome:</p> <p>Accept, go to 15.2</p>
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	Decline , go to 16.1
15.2	Send the letter to the employee and manager.
15.3	Send details to Payroll.
15.4	<p>The Unum claim will remain valid for 5 years. There will be regular reviews to check that the claim remains valid.</p> <p>Go to Step 18.</p>

STEP 16 – ER HR ADVISOR / ASSOCIATE: UNUM APPEAL

16.1	Appeal the decision.
16.2	Employees can send additional information if it is different to the original claim.
16.3	Unum will acknowledge the appeal and reply within 8 weeks with their decision.
16.4	Send the letter to the employee and the Manager with the outcome.
16.5	<p>Was the appeal successful?</p> <p>Yes, go to Step 17 No, go to 16.6</p>
16.6	Close the case for Unum.

STEP 17 – ER HR ADVISOR / ASSOCIATE: PROCESSES UNUM APPEAL OUTCOME

17.1	Send the letter to the employee and manager.
17.2	Send details to payroll (link to email template and attachments)
17.3	The Unum claim will remain valid for 5 years. There will be regular reviews to check that the claim remains valid.

STEP 18 – UNUM: PROCESSES CLAIM

18.1	<p>Unum will sometime provide updates or request information.</p> <p>No specific actions for ER Team.</p>
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STEP 19 – ER HR ADVISOR / ASSOCIATE: CLOSES CASE

19.1	Ensure that all documents are saved in the case file and the timeline is up to date.
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Work Instruction: Long-Term Sickness Absence

19.2	Open the case file cover sheet. a. Change the status to 'Closed' b. Add the closing date c. Save.
19.3	Set the case file status to 'Closed'.
19.4	Open the tracker: a. Select the line b. Change the status to 'Closed' c. Add the closing date d. Add the outcome (if a warning, add the warning live and warning completed dates) e. Save.
19.5	The case is now closed. End of process.

WHAT HAPPENS NEXT?

VERSION CONTROL

Version Number	Revised Date	Process Owner	Modified By	Description
V 1.0			██████████	Document Creation
V 1.1	05/07/2021		██████████	Update with ██████ feedback
V 1.2	26/07/2021		██████████	Updates with ██████
V 2.0	17/08/2021	██████████ ██████████	██████████	Sign off from ██████



Work Instruction: Sickness Absence Processing

PURPOSE

To understand the process, roles and responsibilities for managing sickness absence across AWE.

USEFUL TO KNOW

- ⚠ If the Unum claim application is accepted the employee's salary will reduce to 55% of their base salary which is payable for up to 5 years. The 55% increases annually and is regularly reviewed by Unum.
- ⚠ The claim stops if the employee gets to state pension age, death or returns to work.
- ⚠ Staff under state pension age are eligible for 55%, the state pension age is 66.
- ⚠ Any employees who joined AWE at Coulport after 01/01/2013 will be eligible for UNUM. If joined before then not, if eligible they can have 50% pay for 6 months after their sick pay runs out. Payroll will be able to clarify dates
- ⚠ If a claim decline states, no evidence to support the employee/ can't do their role; their pay should stop immediately

START POINT AND STAGES

Start Point	Employee absent
1	Employee absent for less than 8 calendar days
2	Employee has further absence(s) that hit triggers
3	Fit note processing
4	Income protection application
5	Income protection application – employee returns to work
6	Income protection application – employee resigns
7	Income protection application – accepted
8	Income protection application – accepted employee resigns
9	Income protection application – declined
10	Income protection appeal – decision upheld
11	Income protection appeal - overturned
12	Income protection application accepted – claim reviews

START STEP – EMPLOYEE ABSENT

Employee absent from work due to sickness

1. EMPLOYEE ABSENT FOR LESS THAN 8 CALENDAR DAYS

1.1	Manager opens absence on workday
1.2	Employee returns to work
1.3	Manager closes absence on workday
1.4	Manager completes RTW form with employee.
1.5	Manager retains completed RTW on their files.

2. EMPLOYEE HAS FURTHER ABSENCE(S) THAT HIT TRIGGERS

2.1	Manager discussion with employee.
2.2	Manager refers employee to OH using referral form – Form can be found on the HR Documents page
2.3	If an employee refuses to give consent for an OH referral the HR Advisor – ER Services should ask the employee for the reasons and then follow up in writing to the employee to confirm this and what will happen if consent is not given (decisions will be made on the information that is available)
2.4	OH report sent to Manager and ER Services.
2.5	On receipt of OH report, Service Delivery Manager - ER Services Manager to allocate an HR Advisor – ER Services to open case file, add to case file tracker and absence tracker.
2.6	HR Advisor – ER Services to update HRBP.
2.7	HR Advisor – ER Services manages case with Manager (further OH referrals, home visits).
2.8	When employee returns to work, HR Advisor – ER Services updates absence tracker and notes any MRH and RTW.
2.9	Save any MRH forms or PRTW details to employees personnel file.

3. FIT NOTE PROCESSING

3.1	Employee sends copy or original fit note to Manager or directly into HR (it is not required to see originals).
3.2	Manager scans and sends copy to AskHR Team.
3.3	AskHR team cross reference absence dates on Workday with fit note and contacts Manager if dates not in Workday.
3.4	AskHR team adds "Fit Note Received" in comments box plus dates of absence on note (State the following – "Coverage Dates – dd/mm/yyyy to dd/mm/yyyy".
3.5	AskHR team saves note in Personnel File in a subfolder named "U1, FitNotes". Fit note should be named "LASTNAME, Firstname, fitnote, dateassessed".



Work Instruction: Sickness Absence Processing

3.6	For hard copy Fit Notes only, AskHR team or Manager to return original to employee.
3.7	AskHR team to add any security notifiable absences to the security tracking spreadsheet.
3.8	AskHR team to send security tracking spreadsheet to [REDACTED] on the last working day of each month.
3.9	Do not accept fit notes after 183 days as adequate burden of proof

4. INCOME PROTECTION APPLICATION

4.1	At 8 weeks of sickness (continuous or separate instances) employees will show on the weekly payroll report stating they have hit the 80 days over a 12-month period. HR Associate - ER Services sends Unum Application for Benefit form to manager to complete. If employee is over (or expected to reach state pension age within 6 months of first date of absence) send the correct over SPA letter. ER Services to track when sent to Line Manager and chase as appropriate (suggest chase after 1 week).
4.2	Manager completes form and sends back to ER Services with job profile and workday absence record and any other relevant information.
4.3	HR Associate - ER Services checks the form and add in the additional data (DOB, Home Address, Contact Details) When checking the salary information, it should be inputted as the salary the day before the 1 st day of absence. Show different salaries if necessary (there is space at the end of form).
4.4	HR Associate - ER Services to review most recent OH report and check that employee has given consent for report to be shared with Unum. (OH reports are saved in employee's case management files)
4.5	HR Associate - ER Services will send the claim application information to [REDACTED] [REDACTED] [REDACTED] [REDACTED] This will include the completed claim form, job profile, workday absence record and OH report (if consent given).
4.6	HR Associate - ER Services to add information to absence tracker (date sent form to Unum etc) and update the HR Advisor allocated to support the case that the application has been made. This information can also be inputted onto the weekly payroll report.
4.7	HR Advisor will then update the HRBP of application being made.
4.8	Payroll sends report weekly showing employees with 80 days or more absence in rolling 12 months. This is saved in case management tracking –

	sickness folder. Cross reference with absence/case tracker and add any necessary information.
4.9	Unum will confirm potential benefit commencement date to ER Services and request copy OH reports. The relevant OH reports are sent directly to Unum with the password (employee badge number).
4.10	All information relation to the claims are saved in the employee's case management file.

5. INCOME PROTECTION APPLICATION – EMPLOYEE RETURNS TO WORK

5.1	ER Services should be informed by the employee's Manager that they have returned to work. This will be updated onto the sickness tracker and payroll report. E
5.2	HR Advisor – ER Services to update HR Associate – ER Services.
5.3	HR Advisor – ER Services to update HRBP.
5.4	HR Associate - ER Services to email Unum to inform them to withdraw the application. Unum will freeze application as employee can start again without making a new application if less than 12 months since date of first application. (Include the employee's Unum ID in the subject line if available) Ensure OH report which specifies MRH is sent to UNUM
5.6	If Employee is absent again, HR Associate - ER Services to email Unum to request re-opening the application.
5.7	Save letters/emails in case management file.

6. INCOME PROTECTION APPLICATION – EMPLOYEE RESIGNS

6.1	HR Associate - ER Services send letter confirming the employee has the potential to have 5 years of salary at 55% and ask them to decide if they want to pause their resignation and wait for application outcome.
6.2	HR Associate - ER Services to update HR Advisor – ER Services, Manager and Payroll of outcome.
6.3	Save letters/emails in case management file.

7. INCOME PROTECTION APPLICATION – ACCEPTED

7.1	Unum confirm to ER Services by email.
7.2	HR Associate - ER Services to send letter to employee confirming claim accepted.
7.3	HR Associate – ER Services to update HR Advisor – ER Services, Manager and Payroll of claim accepted.
7.4	HR Associate - ER Services to email Payments Treasury inbox and cc payroll to inform of new payment from x date.



Work Instruction: Sickness Absence Processing

7.5	Unum will send monthly reports to ER Services of current claimants. HR Associate - ER Services to add in NI number and forward to Treasury/Payroll.
7.6	If employee working MRH – HR Associate - ER Services to provide Unum with MRH hours and Unum will pro-rata the amount paid to AWE.
7.7	Manager and HR Advisor - ER Services to keep in touch with employee (as normal LTS case)
7.8	Save letters/emails in case management file.

8. INCOME PROTECTION ACCEPTED APPLICATION – EMPLOYEE RESIGNS

8.1	HR Associate - ER Services send letter confirming the employee has the potential to have 5 years of salary at 55% and ask them to decide if they want to rescind their resignation
8.2	If employee wants to continue with resignation, HR Associate – ER Services to inform Unum of effective dates.
8.3	HR Associate – ER Services to inform Payroll & Treasury of payments stopping.
8.4	HR Associate - ER Services to update HR Advisor – ER Services and Manager of outcome.
8.5	Save letters/emails in case management file.

9. – INCOME PROTECTION APPLICATION – DECLINED

9.1	HR Associate - ER services will respond to Unum’s notification email to appeal the decision for the declined claim. HR Associate – ER Services will then send a letter to Employee providing reasons/evidence for decline and sick pay situation. The letter will also make the employee aware that they can provide further evidence to Unum to help support the appeal process.
9.2	HR Associate – ER Services to update HR Advisor – ER Services, Manager and Payroll of claim declined.
9.3	HR Advisor - ER Services to review sick pay on a case by case basis to determine when pay is to stop in accordance with the Leave standard.
9.4	HR Associate - ER Services to respond to Unum to confirm employee still employed and not made a return to full hours/duties when the information is requested
9.5	Manager and HR Advisor - ER Services to keep in touch with employee (as normal LTS case).
9.6	Save letters/emails in case management file.

10. – INCOME PROTECTION APPEAL – DECISION UPHELD

10.1	HR Associate - ER Services to send letter to Employee providing outcome of appeal.
10.2	HR Associate - ER Services to update HR Advisor – ER Services, Manager and Payroll of outcome.
10.3	HR Associate – ER Services once received will need to send all the new payment calculations to Payments Treasury and Payroll

11. – INCOME PROTECTION APPEAL – DECISION OVERTURNED

11.1	HR Associate - ER Services to send letter to Employee providing outcome of appeal.
11.2	HR Associate - ER Services notify Payroll so that they may calculate any arrears of pay due.
11.3	HR Associate - ER Services to update HR Advisor – ER Services and Manager of outcome.

12. – INCOME PROTECTION APPLICATION ACCEPTED – CLAIM REVIEWS

12.1	If claim remains payable, HR Associate - ER services to update tracker.
12.2	If review indicates a RTW may be considered, ER Services to notify Manager and Manager to make referral into OH.
12.3	If claim is to cease on review, HR Associate - ER Services to notify Payroll.
12.4	HR Associate - ER Services to update HR Advisor – ER Services, Manager and Payroll of claim ending.
12.5	HR Advisor – ER Services to liaise with Manager regarding a RTW; a referral to OH may be required.

VERSION CONTROL

Version Number	Revised Date	Business Process Owner	Modified By	Description
v 0.1				Document Creation