# **Claim form Payment Protection Insurance** The completed claim form must be sent to:

Important Information

- You must continue paying your instalments to Resurs Bank in accordance with the current payment schedule until you have received a decision from Solid Insurance.
- Compensation can be given retroactively if compensation is awarded.

Telephone: 09 6131 5040, E-mail: vahingot@solidab.se

All documents must be enclosed before the claim is submitted to Solid Insurance. This ensures faster claims management. No advance decisions may be given.

# The following must be enclosed with the claim form, depending on claim type:

Solid Försäkringsaktiebolag Suomen sivuliike, c/o Resurs Bank, Box 3900, FI-01530 Vantaa

## In the event of unemployment or layoff

- 1. Documentation of permanent employment at the time of taking out the insurance.
- 2. Copy of termination letter.
- 3. Documentation from former employer concerning duration of employment.
- 4. First and last payment specification for unemployment benefit.

## In the event of sick leave

- 1. Documentation of permanent employment at the time of taking out the insurance.
- 2. Sick notice confirming the dates of your sick leave.
- 3. First payment specification for your sickness benefit.

# In the event of admission to hospital

- 1. Documentation showing that you are retired, receive disability benefit or have taken an early retirement.
- 2. Documentation showing the date of admission to hospital/referral from doctor.

#### Personal data

E-mail	
Telephone	
Post code	City
First day of unemployment or layoff	
	Telephone Post code

## Please complete if on sick leave

•			
Sick leave period (from-to)			
Sick icave period (iroin to)			

### Please complete if admitted to hospital

Dates for hospital visit (from-to)	

## Signature

I hereby confirm that the information provided above is accurate and true.

Date and place	Signature
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NOTE: Please wait to submit your claim until you have all documents, otherwise Solid Insurance will be unable to make a decision about your claim.





2008 Payment Protection Insurance Claim Form RB FI\_ENG