

Life and Protection Insurer Vocational Rehabilitation Referral Form

Date of referral

Referrer's details

Insured party

Your reference

Your full name

Company name

Address and postcode

Telephone number

Email address

Direct fax number

Insurer's details (if different from above)

Your reference

Your full name

Company name

Address and postcode

Telephone number

Email address

Direct fax number

Claimant's details

Full name

Address

Telephone number/s

Home: Mobile:

Other:

Date of birth

Date of onset of health condition

Type of health condition

Type of policy

- | | |
|---|---|
| <input type="checkbox"/> Income protection | <input type="checkbox"/> Total permanent disability |
| <input type="checkbox"/> Mortgage protection | <input type="checkbox"/> GIP |
| <input type="checkbox"/> Other (please state) | <input type="text"/> |

Please indicate the definition (e.g. own, suited, any, ADLs, ADWs)

Claim submitted

Yes

No

Date of first absence from work

Type of assessment required (please indicate)

Employability Assessment - £495

A telephone-based assessment gathering employment history, skills, current capacity, barriers and potential solutions

Yes

Initial Vocational Assessment - £850

Face-to-face meeting with report identifying return to work barriers and solutions, transferable skills and local labour market details

Yes

Psycho-vocational Assessment - £1,250

Face-to-face assessment as above, with the inclusion of personality and ability tests, administered by a British Psychological Society accredited user

Yes

Functional Capacity Evaluation - £1,150

Objective assessment of work and functional capability in relation to a work activity or occupation

Yes

Instructions/further information

How did you hear about our services?

Postal promotion/introductory letter

Conference/seminar

Website

Internet search

Recommendation from your reinsurer (please state company name)

Other (please state)

Additional information and instruction

Has the referral been discussed and referral to Remploy's vocational rehabilitation service been discussed and agreed by the claimant?

Yes No

Have you attached the most recent copies of professional/medical reports for the last 3-6 months?

Yes No

Invoice details

Please send the invoice to

The insurer

Yes

Other (please provide address details below)

Yes

Reference number (if required)

Yes

Not required

I the insurer agree to pay Remploy Vocational Rehabilitation the costs associated with the service delivered. All invoices will be sent directly to the insurer, unless otherwise requested in this referral form.

The insurer approves our assessment costs up to a **maximum** of £1,500 and agrees to pay the invoice/s within 30 days of the invoice date.

Any extension to these terms must be agreed formally in writing with Remploy Ltd. *(Any further costs will be agreed with the fee payer prior to proceeding.)*

Yes No

Authorised by

Signature

Date

Print name

Remploy Ltd. Terms and Conditions apply. Please contact us if you require a copy.

Once complete, please return with the relevant documents to:

Email: vocationalrehabilitation@remploy.co.uk

Post: Vocational Rehabilitation Service Centre
Remploy
18c Meridian East
Meridian Business Park
Leicester
LE19 1WZ

Fax: 0845 155 2702

For further information please call:

0845 146 0501

calls charged at local rates



Remploy

Putting ability first