

.DIPLOMA IN LIFE AND DISABILITY CLAIMS

**Application Form**

Personal details

Surname.....First name.....

Address.....

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Date of birth.....CII PIN number.....

Please attach all original relevant examination result notification forms.

**Present position**

Company.....Position.....

Date of joining company.....Date on assuming current position.....

Previous experience

Company.....Position.....Dates.....

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**Experience in disability claims assessment (minimum required 2 years)**

Company..... Dates.....

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Please give details of this experience in the space provided below. Applicants should give information as to the position held, authority to admit claims, authority to assess incoming evidence for admittance or further information. Any restrictions imposed upon your authority (i.e. amount of sum insured; types of product). Candidates should also state whether, and if so how often, they have direct access to a company medical officer and whether they discuss their own cases or attend in the company of a senior claims assessor. Candidates must have at least 1 year’s authority to admit claims of this type – income protection and critical illness.

Experience in life claims assessment (minimum required 1 year).

Company..... Dates.....

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Please give details of this experience in the space provided below, if this is insufficient continue on an attached sheet of paper. Candidates must have at least six months authority to admit claims of this type.

The type of experience required is outlined in the accompanying paper.

Name and address of claims manager in present company

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Name and address of chief medical officer in present company

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Name and address of any other person you wish the AMS to contact to obtain additional supporting evidence as to your experience and expertise.

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I submit this application form for the AMS Diploma in Life and Disability Claims together with evidence that I have passed the necessary CII examinations.

I understand that the claims manager and the chief medical officer, if applicable, of my company may be contacted by the AMS with a view to checking the above information and testifying to my experience in life and disability claims assessment.

Signed.....

Date.....