

Group Life claim form

Important notes

Please complete this form as soon as possible after a member's death.

This form is in two parts:

Part A – Compulsory, to be completed by the policy holder.

Part B – For schemes participating in the Master Trust only, to be completed by the policy holder, the employee's next of kin or the legal representatives administering the estate.

We will not pay a claim if:

- A completed claim form has not been returned to us within 2 years of the date of a member's death.
- Any information relating to any aspect of the scheme that we have asked for is outstanding.
- The premiums we have asked for have not been paid when due.

Please ensure all questions are fully answered prior to submitting the form to us. This will ensure prompt assessment of your claim.

Part A

Section 1 - Scheme details

Principal employer's name:

Employer's name (if different from above):

Group Policy number:

Scheme name:

Section 2 – Death certificate

1. Date of death:

 / /

2. Cause of death:

3. Was a Coroner's Interim Death Certificate issued?

4. Did the death occur overseas?

If yes, please ensure you complete section 4

5. Is the original death certificate enclosed?

If not, please provide reason:

Section 2 - continued

We will need to see the original death certificate before settlement can be made. This will be returned to you as efficiently as possible by recorded delivery.

Due to HMSO directives relating to copyright, we are unable to accept photocopies. It should be noted that having sight of the original documentation also reduces the risk of fraud.

Section 3 - Deceased member's details

1. Title (please tick):

<input type="checkbox"/> Mr	<input type="checkbox"/> Mrs	<input type="checkbox"/> Miss	<input type="checkbox"/> Other (please state):	
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2. Deceased's full name:

3. Date of birth:

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4 a) Occupation:

4 b) Location / postcode:

5 a) Date of member's employment start date:

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5 b) Date member joined the scheme:

 / /

5 c) If the above dates differ, please explain the reason:

5 d) If the member did not join the scheme when first eligible, please provide a full explanation:

6 a) Membership category at the date of death:

6 b) Date of entry into category:

 / /

6 c) If the membership category altered within the last 12 months, please explain the reason for the change:

7. On what date did the member last attend work (ie was last performing his / her normal job / hours)?

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8. Please provide the reason for any absence from work between the date last actively at work and the date of death:

9. Has the member ever been medically underwritten?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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10 a) Was the member on your payroll at the date of death?

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Section 3 - continued

10 b) If no, please provide the reason for, and the date of, the termination of employment:

11.

Scheme salary at date of member's last attendance at work	£
Scheme salary at member's date of death	£
Benefit calculation (e.g. 3 x salary, flat benefit)	
Amount of benefit being claimed	£

Section 4 - Death occurring overseas

1. Date of departure from UK:

2. Intended date of return to the UK:

3. Country visited:

4. Purpose of visit (e.g. business, holiday):

Please ensure that the original death certificate is enclosed along with an official translation in cases where no UK death certificate has been issued.

Where a death occurs abroad, we have to be more cautious in our procedure for assessing claims. Many foreign death certificates do not show the information we need to check the claim. Therefore, we will sometimes require additional information before the claim can be assessed. This could include for example, a hospital or doctor's report, a post mortem report or a certificate issued by the British Consulate in the country of death.

Section 5 – Trustee details

Are you using your own trust or participating in the Master Trust?

☐ Master Trust

Please complete sections 6 & 7 and also complete Part B of this form

☐ Own Trust

Please provide the Trustee bank details below, then complete sections 6 & 7

If your claim is agreed by us, our settlement of any lump sum benefit will be paid directly into the trustee bank account by Electronic Fund Transfer. This account will have been set up specifically for the purposes of receiving claims payments and must be separate from the employer's trading accounts.

Name of bank:

Branch:

Trustee account name:

Section 5 - continued

Bank sort code:

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Account number:

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Section 6 - Checklist

Please make sure that all items on this checklist have been enclosed / completed. Failure to do so may delay the assessment of your claim.

	Claim form fully completed		Trustee bank account details provided(if using own trust)
	Original death certificate		Copy of deceased's Expression of Wishes form if available (if participating in the Master Trust)
	Evidence of earnings (copies of member's last 3 pay slips, P60 for last tax year or a P14)		Declaration signed

We reserve the right to request additional information in order to assess the validity of the claim.

Please note: If the deceased member has a different name to that supplied to us on the most recent renewal data we may require –

- Original marriage certificate, or
- decree absolute, or
- legal change of name document

Section 7 - Declaration

To be completed by the trustees or authorised signatories of the scheme.

We hereby apply for payment of the benefit described above. We declare that the deceased member was a member of the scheme on the date of death and that the information contained in this form is accurate and complete to the best of our knowledge and belief.

We agree that the payment of a benefit in accordance with our instructions above will constitute a full discharge of the liability of Optimal under the policy in respect of that benefit.

Signature		Date	
Print name		*Capacity of signatory	

*This must be a trustee or authorised signatory

Please send this form (including Part B if applicable) and the requirements listed in the checklist above to: Claims team, Optimal, 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN.

Part B – For schemes participating in the Master Trust only

To be completed by the policy holder, the employee's next of kin or the legal representatives looking after the estate.

The Master Trust rules let the Trustees (Pitmans Trustees Limited) choose who to pay benefit to. The information provided in this form will be used to help the Trustees in making their decision.

Please provide as much information as possible to help the Trustees investigate the deceased's circumstances fully and identify who the Trustees should pay the benefit to.

The completed form will be sent to the Trustees who may contact you or the individuals by whom information has been provided as part of the decision making process.

Section 1 – Scheme details

Policy number:

Employer's name:

Section 2– Deceased member's personal representative

The person who is dealing with the administration of the estate is called the personal representative.

Personal representative details:

Name	
Relationship to deceased	
Address	
Contact details	

Solicitor or other party (please state capacity):

Name	
Capacity	
Address	
Contact details	

Section 3– Deceased member's details

1. Do you have the most recent Expression of Wishes form that was completed by the deceased?

Yes		No	
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Please enclose a copy of the Expression of Wishes form with this claim form.

2. Did the member leave a will?

Yes		No	
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If yes, a copy of the will may be required.

3. Was the member married or in a civil partnership or did they have a partner at the time of their death? If yes, please provide their details on the next page.

Yes		No	
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Section 3– Continued

Name	
Relationship to deceased	
Address	

Note: Proof of relationship may be required

Section 4 – Financial dependants

Please confirm if the deceased had any dependants. This includes children, stepchildren, adopted children or any other person who was financially supported by the deceased member.

Note: Proof of relationship may be required.

Name	Date of birth	Relationship to deceased	Address

Section 5 – Signature

This form has been completed to the best of my knowledge and belief by:

Signature		Date	
Print name		Relationship to the deceased member	
Address		Contact details	

Please send this form (including Part A) to: Claims team, Optimal, 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN.

We are not authorised to give financial advice, so we suggest you contact your financial adviser for advice. Optimal is a trading name of HF Life Limited (FRN 613348) and a subsidiary and appointed representative of The Original Holloway Friendly Society Limited. Registered in England (No. 8649971) Registered Office Holloway House 71 Eastgate Street Gloucester GL1 1PW

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