

# Group Life Claim Form

## Life insurance claim form (Part 1)

### We require the following documentation in order to process a claim for death benefit:

1. Proof of the deceased Member's earnings, in line with the Scheme Salary definition
2. 'Death Abroad' questionnaire; if applicable please request from [EBClientServices@Generali.co.uk](mailto:EBClientServices@Generali.co.uk)
3. Original Death Certificate; only if
  - You are sending us this form within 10 working days of the death being registered;
  - Only a coroner's interim certificate has been issued; or
  - The member died outside of the UK.

In most other circumstances we are able to verify deaths without seeing the original death certificate. If we cannot verify the death, we will request an original certificate issued by a Register Office, and give you the reason why.

Original certificates are protected by Crown copyright and cannot be lawfully copied without the consent of Her Majesty's Stationary Office (HMSO).

Where an annuity is payable, we require sight of the original birth certificate for each annuitant, together with the original marriage certificate, proof of civil partnership or proof of dependency where applicable.

### Deceased Member's Details:

Policy Name/Employer:	Policy Number:
Title: Mr/Mrs/Miss/Ms/Dr/other:	Date of Birth:
Surname:	Sex:
Forenames:	Occupation:
The deceased Member's home address:	
Date joined Employer:	Date joined Group Life Scheme:
If the dates differ, please explain the reason for the delay and whether the member joined at their first opportunity:	
Was the member medically underwritten? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, on what terms was the member accepted?	
Date last actively at work*:	
* the last day the member was at his/her usual place of work, carrying out the hours and duties of his/her occupation	
If the employee was not actively at work immediately prior to the date of death please give the reason for the absence:	

Was the member on the employer's payroll at the date of death?

Yes

No

If no, please give the reason for, and date of, the termination of employment:

**Claim Details:**

**As per the policy document or quotation applicable at the date of death**

Membership Category (Name & Number):

Salary used to calculate the claim amount:

Effective date of salary quoted above:

Benefit basis used to calculate claim amount:

Sum Assured to be claimed:

Date of death:

Cause of death:

Did the death occur outside of the UK?

Yes

No

If yes, a Death Abroad questionnaire will be required

Is a Death in Service Pension to be claimed?

Yes

No

If yes please complete part 2 of this form

**Trustee's Bank Account Details:**

Account name:

Account number:

Sort code:

Bank name:

Bank address:

Postcode:

**DECLARATION**

We hereby apply for payment of the above benefit(s) for and on behalf of the Trustees of the scheme.

We confirm that the information contained in this form is accurate and complete to the best of our knowledge and belief, and we undertake to advise you of any errors or omissions as soon as they become apparent. We understand that by issuing this form, or by starting the claims process, or by accepting proofs of claim, you shall not be held to admit the validity of any claim nor to have waived any rights of defence in this respect and no liability will be accepted by you until confirmed in writing by authorised officers of Assicurazioni Generali S.p.A.

**When you are ready to submit this document, please print it, sign it and return it to Generali.  
You can email a scanned version of this form to: [ebclientservices@generali.co.uk](mailto:ebclientservices@generali.co.uk)  
or send by post to: Client Services Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ.**

SIGNATURE:

DATE:

\*CAPACITY:

\*Authorised signatory, trustee, company director or company secretary

**Assicurazioni Generali S.p.A. UK Branch 100 Leman Street London E1 8AJ**

Company incorporated in Trieste in 1831 - Share capital €1,559,883,538 fully paid-up - Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy  
Italian tax identification and companies registry number 00079760328 - Authorised by Istituto per la Vigilanza sulle Assicurazioni (IVASS)  
Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003  
Parent company of Generali Group and entered in the IVASS Register of insurance groups under no. 026  
UK company registration no. BR1185



# Group Life Claim Form

## *Life insurance claim form (Part 2)*

Please complete this section only when a spouse's/civil partner's or dependant's pension is payable

The annuity will be payable monthly in advance with effect from the 1st day of the month following the death of the member. In the event that there is more than one annuitant, separate copies of this section will be required for each annuity being claimed.

**In addition to this form we require sight of the original birth certificates for all annuitants together with the original marriage certificate, proof of civil partnership or proof of dependency where applicable.**

### **Annuitant's Details:**

Title: Mr/Mrs/Miss/Ms/Dr/other:

Date of Birth:

Surname:

Sex:

Forenames:

National Insurance Number:

Address:

### **Claim Details:**

Date Pensionable Service Commenced:

If previous service is to be taken into account, please confirm additional months/years and provide evidence to support its inclusion.

Annuity per annum:

Escalation rate\*

Please advise how the annuity figure has been calculated:



\* If different escalation rates apply to various elements of the annuity, please indicate clearly below:

Annuity per annum:	Escalation rate:	Element (i.e. details of any WGMP)

Annuitant's maximum approvable pension (if escalation rate exceeds 3%):

**Payee Details:**

Is the annuity to be written in the name of the Trustees  Trustees or the annuitant?  Annuitant

Please provide details of the bank account to which payments are to be made:

Account name:	Account number:
Sort code:	Bank name:
Bank address:	
Postcode:	

**Supporting Documentation:**

- 1. Original Birth Certificates for all Annuitants Attached?  Yes  No
- 2. Original Marriage Certificate/Proof of Civil Partnership Attached?  Yes  No
- 3. Proof of Dependency (where applicable) Attached?  Yes  No

**DECLARATION**

We hereby apply for payment of the above benefit(s) for and on behalf of the Trustees of the scheme. We confirm that the information contained in this form is accurate and complete to the best of our knowledge and belief, and we undertake to advise you of any errors or omissions as soon as they become apparent. We understand that by issuing this form, or by starting the claims process, or by accepting proofs of claim, you shall not be held to admit the validity of any claim nor to have waived any rights of defence in this respect and no liability will be accepted by you until confirmed in writing by authorised officers of Assicurazioni Generali S.p.A.

**When you are ready to submit this document please print it, sign it and return it to Generali. You can email this form to [ebclientservices@generali.co.uk](mailto:ebclientservices@generali.co.uk) or send by post to: Client Services Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

SIGNATURE:	DATE:
*CAPACITY:	*Authorised signatory, trustee, company director or company secretary

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