

Group Life Claim Form

Part 1 - Lump Sum Benefits

Important notes

Group Life claims should be notified to us within 24 months of the date of death, (or presumed date of death).

This form should be completed by an authorised signatory, trustee, company director or company secretary on behalf of the Trustees of the Scheme.

If you need assistance completing this form, please contact EBClientServices@Generali.co.uk.

Complementary support is available via our Bereavement Counselling & Probate Helpline. Please [share this link](#) with the family of the deceased, if appropriate.

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 Category specific Salary definition, as defined in the Policy schedule.
2. A completed death abroad questionnaire, if needed, will be requested by your designated Account Executive, once the initial assessment of the claim has been completed.
3. In most circumstances we are able to verify deaths without seeing a copy of the death certificate. Please send a scanned copy of the 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.

Where an annuity is payable, we require sight of the birth certificate for each annuitant, together with the marriage certificate, proof of civil partnership or proof of dependency where applicable. We will accept a scanned copy of the original document(s) sent via email to EBClientServices@Generali.co.uk

Policy
Name:

Policy No.

Deceased Member's Details:

Preferred title:
Mr/Mrs/Ms 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?

Yes

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 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 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:

How We Use Personal Data:

You can see how Assicurazioni Generali S.p.A UK Branch uses personal data by visiting www.generalico.uk/Info/Privacy-Information or contacting our Data Protection Officer by emailing privacy@generalico.uk or writing to The Data Protection Officer, Assicurazioni Generali S.p.A UK Branch, 55 Mark Lane, London EC3R 7NE.

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 confirm that we have all necessary permissions to provide the personal data in this form to you. 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 the fully completed claim form, please ensure that it is printed, signed and dated. It should then be scanned, along with any supporting documentation and returned to us via e-mail EBClientServices@generalico.uk. Alternatively, the claim can submitted to us via post, for the attention of Generali UK Employee Benefits, Client Services Dept, 55 Mark Lane, London EC3R 7NE.

Signature:

Date:

Capacity*

*Authorised signatory, trustee, company director or company secretary



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Part 2 - Annuity Benefits

Please complete this section only when a spouse's/civil partner's, financial dependant's or orphans/ children'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 birth certificate for all annuitants together with the marriage certificate, proof of civil partnership or proof of dependency where applicable. We will accept a scanned copy of the original document sent via email to EBClientServices@Generali.co.uk

Annuitant's Details:

Title: Mr/Mrs/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: Elements (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 or the annuitant?

Trustees

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:

Supporting Annuity Documentation:

- | | |
|--|-----|
| 1. Birth certificates for all Annuitants attached? | Yes |
| 2. Marriage Certificate/Proof of Civil Partnership attached? | Yes |
| 3. Proof of Dependency (where applicable) attached? | Yes |

How We Use Personal Data:

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Declaration

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When you are ready to submit the fully completed claim form, please ensure that it is printed, signed and dated. It should then be scanned, along with any supporting documentation and returned to us via e-mail EBClientServices@generali.co.uk. Alternatively, the claim can be submitted to us via post, for the attention of Generali UK Employee Benefits, Client Services Dept, 55 Mark Lane, London EC3R 7NE. If sending by post, please use Special Delivery.

Signature

Date

*Capacity

*Authorised signatory, trustee, company director or company secretary

Assicurazioni Generali S.p.A. UK Branch, 55 Mark Lane, London EC3R 7NE

Company incorporated in Trieste in 1831. Share capital €1,602,462,715.77 fully paid-up. Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy. Italian tax identification and companies registry number 00079760328. Authorised and regulated by Istituto per la Vigilanza sulle Assicurazioni (IVASS). Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request. 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