

Group Life – Notification of death claim form



This form should be completed by the policyholder.

Please complete all sections as fully as possible. If you are in doubt as to whether you need to disclose a particular fact to us, please state it in full.

Completed forms and accompanying documents can be sent to:

Claims Dept, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.

You can also email forms and documents to: ClaimsUK@unum.co.uk

If you have any queries about completing this form, please call us on: **0345 600 6761**.

If you have completed this via a link to our Adobe Sign electronic form, then it will be returned to us automatically on completion.

Policyholder's details		
Policyholder name		
Policy number		
Deceased's details		
Deceased's full name		
Date of birth		
Date of death		
Place of death		
Cause of death		
Home address		
	Postcode	
Deceased's job title		
Insured salary as per your policy earnings definition		
Please note, if the member full salary insured prior to the	was on a reduced salary during a period of absence the insured earnings should be the his absence.	
Lump sum insured		

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Eligibility questions			
Date joined company			
Date joined scheme			
Scheme category name			
Date last actively at work			
Where pension membership is part of the scheme's eligibility, we also require the following information.			
Date eligible to join company pension scheme			
Date joined company pension scheme			
Was the deceased still employed at their date of death? Yes No – date employment terminated			
Was the deceased on a fixed term contract? Yes – date contract would have ended No			
Evidence of death			
For most claims, we are able to confirm the death without needing the original death certificate.			
However, we will need to see the original death certificate if:			
• The member died outside the UK. We will also need a <u>death abroad questionnaire</u> completed.			
Benefits with Unum are more than £1,000,000			
If only a coroner's interim certificate has been issued, we will need to see the coroner's certificate.			

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Own trust or o	other 3rd party Master Trust – complete section A below
_] Unum Master	Trust (Registered schemes) – complete section B below
」] Unum Master	Trust (Excepted schemes) – complete section B below
 ou do not have y	our own trust and you are not using the Unum Master Trust, please contact us.
Section A – Ow	n trust or other 3rd party Master Trust
Scheme name	
Please provide tl	he trustees' bank account details where payment will be made or you can ask us to pay
·	s direct on your behalf (with the permission of the trustees).
Trustee acc	ount details
Bank name	If the Trustees would like us to
UK Trustee	pay the benefit to an account other than the UK Trustee bank
account name	account, please tick here and we
Sort code	will send you a link to the form to complete.
Account number	
Section B - Unu	ım Master Trust
	section if you are participating in any of the Unum Master Trusts)
	I contact you to investigate the deceased's circumstances and identify their dependants.
Please provide y	our contact details:
Contact name	
Phone number	
Email address	
Address	
	Doctoredo
	Postcode

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Dependants' pensions		
Are you also claiming for a death in service pension?		
Yes – Please complete the <u>dependant's pension supplement</u> .	No	

Document checklist

As a reminder, supporting documents may include:

- · Coroner's interim certificate
- · Death abroad questionnaire
- Dependant's pension supplement
- Original death certificate (if benefits are over £1,000,000 or the death was abroad).

You can post these to us at:

Unum Claims Department Milton Court Dorking Surrey RH4 3LZ

Original certificates will be promptly returned by registered mail.

Where you have opened any of the links to supplementary forms, you will need to complete these separately and send them on when complete.

If you are completing this via our Adobe Sign electronic form you will see 'file attachment' buttons which will allow you to include any supplementary documents with your submission.

Through this document we have made reference to other forms, these forms can be found on the Unum 'Product forms and downloads' page of the Unum website, or you can contact us and we will send you a copy by email or post. Please contact us at <u>ClaimsUK@Unum.co.uk</u> or **0345 600 6761**.

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Submission statement			
By submitting this completed notification of death claim form, you confirm that:			
All statements made are true and complete			
and			
All information relevant to this benefit claim has been disclosed			
Please note, if any information you have provided is found to be deliberately misleading or if you have not given us all the relevant information, we may reject your claim. We may also be entitled to keep any premiums you have paid.			
Date completed			
Contact name			
Position in company			
Phone number			
Email address			
Please make sure you have fully completed this submission statement and included your contact details. It may delay your claim if we need to return your form because of missing information. You can email your form to us from your company's email (either directly or forwarded by your broker), or post it with a covering letter on your company's headed paper.			

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