

Group Life

Notification of death claim form



Policyholder's details

Employer name

Policy number

Deceased's details

Deceased's full name

Date of birth

Date of death

Cause of death

Home address

Postcode

Deceased's job title

Eligibility questions

Date joined company

Date joined scheme

Date last actively at work

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

Lump sum insured

Was the member a smoker or non-smoker?

Smoker Non-smoker*

*A non-smoker is a member who has not used cigarettes or any tobacco or nicotine products including nicotine gum, nasal spray, and e-cigarettes in the previous 12 months.

Evidence of death

We will need to see either the original death certificate or the original coroner's interim certificate.

Where the member died outside the UK, we will also need a death abroad questionnaire completed.

GP's details

We may need medical evidence to assess the claim. Please provide details for the deceased's GP.

GP's name

Address

Postcode

Payment details – Lump sum

Unum Master Trust

You are participating in the Unum Master Trust. Payment of the lump sum will be made to PTL Governance Limited (PTL) who are the trustees of the Unum Master Trust. They will contact you to investigate the deceased's circumstances and identify their dependants. Please provide your contact details.

Contact name

Phone number

Email address

If you have a beneficiary nomination form or expression of wish form completed by the deceased, please enclose it.

Document checklist

Are the following enclosed with this form?

Original death certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Original coroner's certificate	<input type="checkbox"/> N/A	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Death abroad questionnaire	<input type="checkbox"/> N/A	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow
Beneficiary nomination/ Expression of wish form	<input type="checkbox"/> N/A	<input type="checkbox"/> Enclosed	<input type="checkbox"/> To follow

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 address (either directly or forwarded by your broker), or post it with a covering letter on your company's headed paper.