

## Claim form

Completion of all relevant fields will ensure prompt assessment of the claim

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# Group Life Assurance

Important information – please read prior to completion of Claim form

## When should a trustee/authorised signatory submit a claim form?

As soon as possible after a member's death.

We will not meet any claims, or any requests for additional amounts of benefit, submitted to us more than two years after the date of a member's death.

## How to submit a claim?

If you wish to make a claim, we will initially need:

- a fully completed original claim form signed by the scheme trustees, or other agreed signatories

	Section 1	Section 2	Section 3	Section 4	Section 5	Section 6	Section 7	Section 8
Lump sum	✓	✓	✓	✓	×	×	✓	✓
Pension	✓	×	✓	✓	✓	✓	✓	✓

- evidence of a member's earnings where individual scheme data has not been provided at the commencement of risk or subsequently at the commencement of the current rate guarantee period (evidence can be copies of a member's last three full pay slips, a member's P60 for the last tax year or a P14).
- a member's original death certificate
- where a spouse's/civil partner/dependant's pension is to be claimed, an original birth certificate for the spouse/civil partner and any other dependant and if applicable an original marriage certificate/civil partnership certificate for spouse/civil partner.

Original certificates will be returned to sender by recorded delivery as efficiently as possible.

## Why does Canada Life require original certificates?

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

## How long will it take to process my claim?

Once we have received all our initial requirements, we will advise you within five working days:

- of any further information we require to assess the validity of the claim, or
- if we are unable to admit the claim and the reason(s) why.

## How will benefits be paid?

If your claim is accepted, our settlement of any lump sum benefit will normally be remitted by Electronic Fund Transfer, in the name of the trustees of the scheme, direct into the trustee bank account. Payments will not be made to parties other than the trustees of the scheme.

# Group Life Assurance

## Section 1

Please ensure this section is fully completed for all claims. If the name on the deed is different to that on our records, please notify us.

Principal employer's name

Employer's name  
(if different from above)

Group policy number

## Section 2

### Trustee's bank account details

Please record account details below in all cases where a lump sum is being claimed. Payment by other means will delay settlement.

Name of bank

Branch

Trustees account name

Bank sort code

Account number

## Section 3

### Deceased member's details

Fully complete for all claims.

Member's full name

Date of birth  
(day, month, year)

Date of death (day, month, year)

Employment start date  
(day, month, year)

Scheme inclusion date (if  
different from employment  
start date) (day, month, year)

If the member did not join the  
scheme when first eligible,  
please provide full  
details / explanation

On what date did the member  
last attend work?  
(day, month, year)

Place of work postcode

Basis upon which the benefit is calculated.

**b.** Category for cover  
(eg works, staff, director etc)

**c.** Scheme salary applicable at  
date of member's last  
attendance at work

**d.** Scheme salary applicable at  
date of member's death

**e.** Benefit calculation  
(eg 3 x scheme salary)

**f.** Amount of lump sum benefits  
being claimed

## Section 4

### Death occurring overseas

Please complete if death occurred overseas. Please ensure that the original death certificate is provided along with an official translation in cases where no UK death certificate has been issued.

Date (day, month, year) of  
departure from the UK

Country visited

Intended date (day, month, year)  
of return to UK

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

# Group Life Assurance

## Section 5

### Spouse's/ civil partner's/ dependant's details

**This section only needs to be completed if a spouse/civil partner, dependant's or children's pension needs to be claimed.**

Spouse's/civil partner's/dependant's full name

Date of birth  
(day, month, year)

National Insurance number

Basis of calculation of pension

Annual amount of pension

(payable on the member's death in accordance with the policy)

If the spouse's/civil partner's/dependant's pension claimed includes any differing levels of escalation please provide the amounts and the levels of escalation below.

Level of escalation e.g. Nil, LPI, 5%			
Amount of pension	£ <input type="text"/>	£ <input type="text"/>	£ <input type="text"/>

(NB: The pension amounts must equal the annual amount of pension shown above.)

Post A-Day  Pre A-Day

HMRC maximum annual pension for the spouse/civil partner/dependant (if applicable)

£

Details of any qualifying children where children's benefits are payable

Full name	Date of birth (day, month, year)	Child's annual pension
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>
<input type="text"/>	<input type="text"/>	£ <input type="text"/>

Contingent orphans

If the policy provides a contingent orphans benefit on death of the above named beneficiary please advise if there are potential orphans.

Yes  No

If a child's pension is to be paid to an adult an additional authority form will need to be completed.

Method of payment

**Payment details for spouse's/civil partner's/dependant's pension**

Net of tax to spouse/civil partner/dependant

Gross to trustees

## Section 6

### Authority for payment of pension for spouse, civil partner or other dependants

**This section only needs to be completed if you would like the pension to be paid directly to the spouse/civil partner.**

We the trustees of the Group Policy mentioned overleaf, hereby request and authorise Canada Life Limited to act as our agents in paying pensions arising under the said policy on the death of the member named overleaf in the manner described below.

Full name

Home address   
Postcode

Name of bank

Branch

Bank sort code

Account number

Roll number  
(if building society account)

Account name

# Group Life Assurance

## Section 7 Checklist

Please ensure that all items on this checklist have been enclosed/completed. Failure to do so may delay the claim.

Lump sum	<input type="checkbox"/>	Pension	<input type="checkbox"/>
Claim form fully completed	<input type="checkbox"/>	<i>Please ensure all lump sum boxes are ticked</i>	
Trustee bank details provided	<input type="checkbox"/>	Spouse/dependant bank details <i>(if applicable)</i>	<input type="checkbox"/>
Original death certificate	<input type="checkbox"/>	Marriage certificate	<input type="checkbox"/>
Evidence of earnings	<input type="checkbox"/>	Birth certificate	<input type="checkbox"/>
Declaration signed	<input type="checkbox"/>	Declaration signed	<input type="checkbox"/>
Place of work postcode	<input type="checkbox"/>	Annual pension amount	<input type="checkbox"/>
Amount of lump sum	<input type="checkbox"/>	HMRC annual pension amount	<input type="checkbox"/>

Claims will be withheld if any information relating to any aspect of the scheme that we have asked for is outstanding or the premiums we have asked for have not been paid when due.

We will not meet any claims, or any requests for additional amounts of benefit, submitted to us more than 2 years after the date of a member's death.

## Section 8 Declaration

To be completed by the trustees or authorised signatories of the scheme. Please provide a list of authorised signatories if it differs to our records.

We, the Trustees of the Group Policy, hereby apply for payment of the benefit(s) described above. We declare that the deceased member was a member of the Scheme on the date of death and that the particulars set out above are correct 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 Canada Life under the policy in respect of that benefit. Where the benefits claimed include a dependant's benefit, we confirm that the recipient of that benefit was dependant on the member.

Signature		Date <i>(day, month, year)</i>	
Print name			
Capacity of signatory*			

\*This signature must be a Trustee or Authorised Signatory.

These should be sent as soon as possible to:

**Life Claims Team, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. 0117 921 2460.**

Our forms are available to download from our website: [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

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