

# Claim Form

## Master Trust Group Life



**This form should be completed when making a claim under a Master Trust Group Life Policy.**

The Policyholder is responsible for the completion of this form.

Please complete this form in BLOCK CAPITALS and in black ink if completing by hand.

All the information you give us will be treated in strict confidence.

**It is important that the form is completed fully, truthfully and accurately. If it is not, claims may be rejected.**

Aviva may request additional information for the validation of claims.

Guidance notes have been provided to assist you when completing this form. However, if you require any further advice please contact us on 01603 680715 or email [grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com).

### 1. Policy details

Policy name	<input type="text"/>
Policy number(s)	<input type="text"/>
Other policies with Aviva	<input type="text"/>

**Other Policies with Aviva** – If the death certificate or other supporting documentation has been sent to or is required by another part of Aviva, we may be able to share this information with them and speed up any claims that are being processed.

### 2. Member details

Member's forename(s)	<input type="text"/>
Member's surname	<input type="text"/>
Date of birth	<input type="text" value="D D M M Y Y Y Y"/> Gender Male <input type="checkbox"/> Female <input type="checkbox"/>
Member's address	<input type="text"/> <input type="text"/> <input type="text" value="Postcode"/>
Category of membership	<input type="text"/>

**Category of membership** – the category the member was in as per the policy schedule. This is needed to assess the member's eligibility and ensure the correct level of benefit is being considered.

### 3. Further member details

Date member joined the company	<input type="text" value="D D M M Y Y Y Y"/>
Date member joined the policy	<input type="text" value="D D M M Y Y Y Y"/>
Date the member was last actively at work	<input type="text" value="D D M M Y Y Y Y"/>
If not actively at work on date of death, please provide the reason for absence	<input type="text"/> <input type="text"/>
Did the member join the policy as a result of auto-enrolment into the qualifying pension scheme?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, what was the auto-enrolment date?	<input type="text" value="D D M M Y Y Y Y"/>
Member's salary for purpose of the policy	£ <input type="text"/>
Total lump sum benefit claimed (if applicable)	£ <input type="text"/>

**Date member joined the policy** – the date the member joined the policy. This is not necessarily the date the policy was placed with Aviva. This is needed to assess the member's eligibility.

**Date the member was last actively at work** – the member's last working day that they were following their normal occupation, working their normal number of contracted hours and at their normal place of business (or at a location where the business needed them to travel).

### 3. Further member details, continued

Was the member's salary included in the anniversary data prior to the date of death?

Yes  No

If the member's salary was not included in the last renewal data, please tell us the reason for omission.


Did the member complete an Expression of Wishes Form? (If 'yes' please forward a copy with this claim form)

Yes  No

**Auto Enrolment** – was implemented in 2012. It requires employers to provide access to, and pay contributions into, a workplace pension for eligible employees.

**Auto Enrolment date** – the date at which an employer must commence the auto-enrolment process. Depending on the size of the employer, this date will vary. For more information please visit [www.thepensionsregulator.gov.uk](http://www.thepensionsregulator.gov.uk)

**Members salary for the purpose of the policy** – this is the salary used to calculate the benefit. The salary definition for the policy will be shown in your policy schedule.

### 4. Verification of death

We are able to verify the majority of UK registered deaths without requiring the need for the original death certificate to be sent to us. If you would like to take advantage of this service, please call us on 01603 680715 before sending the completed claim form. We will need:

- member's full name;
- member's date of birth; and
- member's address including postcode.

There are occasions where this is not possible. If any of the following have occurred, please send the original death certificate or Coroners interim certificate to us.

- Member died abroad
- Claim is submitted within 2 weeks of the death being registered
- Coroner has issued an interim certificate only

Date of death

D	D	M	M	Y	Y	Y	Y
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Cause of death (as it appears on the death certificate).


Place of death

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#### Name of informant

Name (as it appears on the death certificate)

--

Relationship to deceased

--

Address


Email address of informant

--

Contact preference

Email  Post

**Original Death Certificate** – when sending original documents to us, we recommend using a recorded delivery service to ensure their safe arrival.

We will return the original to you by Royal Mail Recorded Delivery within 48 hours of receipt. Due to Crown copyright laws, we are unable to accept a photocopy of this document.

**Foreign Death Certificates** – if the death occurred overseas, please ensure that the full, original death certificate is sent to us. If a translated version of the death certificate has been issued, please send this in addition to the original certificate. If a repatriation certificate has been issued, please also provide us with a copy.

**Personal Representative** - Is the person appointed to settle the deceased's estate.

## 4. Verification of death, continued

### Personal Representative

Name

Relationship to deceased

Address

Email address of Personal Representative

Contact preference Email  Post

### Death Overseas

If the death occurred overseas, please confirm the date the visit started

Intended return date to the UK

Purpose of visit

## 5. Declaration

**We, the policyholder, confirm that the member held a valid contract of employment and was a member of the policy at the time of the member's death. We confirm that the information provided on this form is, to the best of our knowledge and belief, true and accurate. We authorise Aviva to release payment to Pitmans Trustees Limited [the trustees of the policy under the Aviva Registered/Excepted Group Life Insurance Trust]. The signature below operates as a discharge of liability to Aviva Life & Pensions UK Limited in respect of the mentioned member.**

Signature 1	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Occupation	<input type="text"/>
Email address for claim correspondence	<input type="text"/>
Contact preference	Email <input type="checkbox"/> Post <input type="checkbox"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>
Signature 2 (if required)	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Occupation	<input type="text"/>
Email address for claim correspondence	<input type="text"/>
Contact preference	Email <input type="checkbox"/> Post <input type="checkbox"/>
Date	<input type="text" value="D D M M Y Y Y Y"/>

**Please now check you have completed ALL questions. Print off a copy if completed online (you may also wish to keep a copy for your records), sign the form and return.**

### Who can sign the declaration?

Please ensure an authorised person signs the claim form. If you are unsure who the authorised people are, please call us on 01603 680715 or email [grouplifeclaims@aviva.com](mailto:grouplifeclaims@aviva.com)

The second signature will only be required, if the company's constitution or a partnership agreement determines that more than one signature is required to execute documentation.

**Returning the form** – please return the completed, signed claim form along with any supporting documentation to;

Aviva Group Protection Claims  
PO Box 3240  
Norwich  
NR1 3ZF