



## GROUP LIFE ASSURANCE: CLAIM FORM

Please ensure that this claim form is completed in full and that all required original documentation is attached. Failure to do so may result in delays.

**Document Checklist** (please tick to confirm document enclosed):

Death Certificate or Coroner's Certificate

Please be aware that on receipt of this claim Risk Assurance Management Limited may need to request additional information in order to validate this claim

We will not meet any claims submitted to us two years after the earlier of the date on which the Trustees first knew of the Member's death, or the date on which the Trustees could reasonably be expected to have known of the Member's death.

**The issue of this form is not an admission of liability.**

### SECTION 1 - Policy Details

Scheme Name:

Policy Reference:

### SECTION 2 – Deceased's Details

Serving  
Member

Spouse/Partner of  
Serving Member

Retired  
Member

Spouse/Partner of  
Retired Member

Child

Title:

Sex (Male/Female):

First Name:

Surname:

Date of Birth:

Date of Death:

For all claims: Serving/Retired Member's collar/payroll number:

Date Serving/Retired Member joined the Force:

Date Deceased joined the Scheme:

In respect of a Spouse/Partner or Child claim

Serving/Retired Member's Name:

Serving/Retired Member's Date of Birth:

In respect of a Retired Member and Spouse/Partner of a Retired Member claim

Retired Member's Retirement Date:

In respect of a Serving Member claim

Serving Member's Last Day Actively at Work:



<p>Has Terminal Prognosis Advance benefit previously been paid: Yes / No</p> <p>If 'Yes' please state the amount and date paid:</p>	<p>Life Assurance Benefit being claimed (less Terminal Prognosis Advance benefit if applicable):</p>
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**SECTION 3 - Claims Settlement**

**We hereby apply to Risk Assurance Management Limited for payment of the Life Assurance Benefit claimed. We declare that the deceased was a Member of the Scheme and paying premiums up to the date of death and the particulars provided are correct to our knowledge and belief. We confirm that payment of this claim will be in full and final settlement and will discharge all liability in respect of this Member.**

**Payments will not be made to any other parties than the Trustees of the Scheme who are:-**

<p>The Trustees of the:</p>
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**Please ensure that the bank account details provided below are full and accurate – failure to do so may delay settlement of the claim.**

<p><b><u>Trustees Bank Details:</u></b></p> <p><b>Bank Account Name:</b></p> <p><b>Bank Account Number:</b></p> <p><b>Bank Sort Code:</b></p> <p><b>Bank Name:</b></p> <p><b>Bank Address:</b></p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
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**This form must be signed by a Trustee of the Scheme or a duly authorised person on behalf of the Trustees.**

**As part of our claims process, we must be able to verify the signature against specimen signatures we hold on file.**

**Authorised Signature:** .....

**Print Name:** .....

**Position:** .....

**Date:** .....