

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 Spouse/Partner of Member Spouse/Partner of Member Spouse/Partner of Retired Member Child Member Serving Member Spouse/Partner of Retired Member Spouse/Partne			
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			

Risk Assurance Management Limited, insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority

Registered Address:

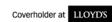
24 Picton House, Hussar Court, Waterlooville, Hampshire PO7 7SQ Registered in England and Wales No: 1334065

Chancery House, Leas Road, Guildford, Surrey GU1 4QW Tel: 0370 7200 780

Email: group.risk@ram-ltd.co.uk Web: www.ram-ltd.co.uk









Has Terminal Prognosis Ad		Life Assurance Benefit being claimed (less		
previously been paid: Yo	es / No	Terminal Prognosis Advance benefit if applicable):		
If 'Yes' please state the an	nount and date paid:			
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:-				
The Trustees of the:				
Please ensure that the bank account details provided below are full and accurate – failure to do so may				
delay settlement of the claim.				
Trustees Bank Details:				
Bank Account Name:				
Bank Account Number:				
Bank Sort Code:				
Dank Name				
Bank Name:				
Bank Address:				



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: