

LINCOLNSHIRE POLICE
LIFE ASSURANCE SCHEME

Notice of Members Death

Name of Member: _____ Collar Number: _____

Date of Birth: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Name of Spouse/Partner/Child: _____

Date of Birth: ____ / ____ / ____ Date of Death: ____ / ____ / ____

Category of Member (please tick/delete as appropriate)

a) Serving Officer	
b) Police Staff	
c) Retired Member - under 60	
d) Retired Member - 60- 64	
e) Retired Member - 65 - 69	
f) Spouse/Partner/Child of a, b, c, d or e above	

Documentation required

Enclosed

Original Death Certificate / Coroners Certificate	
Proof of Membership	

Benefit Claimed

Member Sum Insured	£
Spouse/Partner Sum Insured	£
Child Sum Insured	£

We confirm that the deceased was a member of the scheme in accordance with the terms and conditions of the above Policy at the date of death and that the member's scheme benefit is as stated at the date of death.

FOR AND ON BEHALF OF THE TRUSTEES: -

Date joined Police Insurance Scheme:	
Date of Retirement (if applicable):	
Signed:	Date:
Official Position:	

Settlement of this claim will be made by electronic transfer to the Policyholder who is: -

The Trustees of the Lincolnshire Scheme

Trustees Bank Details: -

Bank Account Name: _____

Bank Account Number: _____

Bank Sort Code: _____

Bank Name: _____

Bank Address: _____