**Group Life Assurance**

Claim Form

**GROUP LIFE ASSURANCE: CLAIM FORM**

**INSTRUCTIONS FOR COMPLETION**

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

**2.** Please attach all original documents to this claim form.

**Document Checklist (please tick as appropriate)**

Death Certificate or Coroner’s Certificate

Evidence of salary (if applicable)

Where the benefit being claimed is based on Salary and the Salary is different to that shown on the latest inception/anniversary data we have, please provide copies of payslips/P60/evidence to validate the claim.

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**

|  |
| --- |
| Principal Employer’s Name: Click or tap here to enter text. |

|  |
| --- |
| Employer’s Name (if different from Principal Employer): Click or tap here to enter text. |

|  |
| --- |
| Policy Number: Click or tap here to enter text. |
| Scheme Name: Click or tap here to enter text. |

**SECTION 2 - Deceased Member’s Details**

|  |  |
| --- | --- |
| Title: (Mr/Mrs/Miss/Ms/Other)  Click or tap here to enter text. | |
| First Name(s):  Click or tap here to enter text. | Surname:  Click or tap here to enter text. |
| Date of Birth:  Click or tap to enter a date. | Date of Death:  Click or tap to enter a date. |

|  |  |
| --- | --- |
| Date Employment Commenced:  Click or tap to enter a date. | Date First Eligible To Join Scheme:  Click or tap to enter a date. |

|  |  |
| --- | --- |
| Date Joined Scheme:  Click or tap to enter a date. | Date of Last Day Actively at Work:  Click or tap to enter a date. |

**SECTION 3 - Basis of Benefit Calculation**

**To Be Completed By The Client**

|  |  |  |  |
| --- | --- | --- | --- |
| Death Benefit Basis (please tick (a) or (b) below as appropriate) | | | |
| 1. Flat Benefit | | 1. Salary Related | |
| Flat Benefit Claimed | Click or tap here to enter text. | Member’s Salary  Multiple of Salary  Sum Assured  Claimed | Click or tap here to enter text.  Click or tap here to enter text.    Click or tap here to enter text. |

|  |
| --- |
| Calculation of Sum Assured: Click or tap here to enter text. |

**SECTION 4 - Claim Settlement**

**We hereby apply to Risk Assurance Management Limited for payment of the Sum Assured claimed.**

**We declare that the deceased was a Member of the Scheme on 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 under this Contract.**

Settlement of this claim will be made to the Trustees of the Scheme into a dedicated Trustee account. Where you do not have a Trustee Bank Account you can request payment be made directly to the beneficiary(ies).

Please select the appropriate option below in respect of settlement:

1. **To the Trustee Bank Account**

We request that settlement of this claim is to be made by electronic transfer to the Policyholder who is:-

|  |
| --- |
| **The Trustees of:** Click or tap here to enter text. |

**Payments will not be made to any parties other than the Trustees of the Scheme.**

**Please ensure that the bank account details provided below are full and accurate – failure to do so may delay settlement of the claim.**

|  |  |
| --- | --- |
| **Trustee Bank Details:** |  |
| **FULL Trustee Bank**  **Account Name**  **(not a Company Account):** | Click or tap here to enter text. |
| **Bank Account Number:** | Click or tap here to enter text. |
| **Bank Sort Code:** | Click or tap here to enter text. |
| **Bank Name:** | Click or tap here to enter text. |
| **Branch:** | Click or tap here to enter text. |

1. **Direct to the Beneficiary(ies)**

By ticking this box you are confirming there is no Trustee Bank Account

If you would like to request payment of this claim direct to the Beneficiary(ies), in addition to this form please complete the Trustee Discharge and Form of Receipt. This form can be obtained from our website: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk)

**This form must be signed by a Trustee or an individual who is authorised to sign for and 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. If in doubt, please contact your Broker or complete an Authorised Signatory Form available from our website (**[**www.ram-ltd.co.uk**](http://www.ram-ltd.co.uk)**) and forward with this Claim.**

|  |  |
| --- | --- |
| Signature: |  |
| Print Full Name: | Click or tap here to enter text. |
| Position: | Click or tap here to enter text. |
| On Behalf of The Trustees of the Click or tap here to enter text. Scheme. | |
| Date: | Click or tap to enter a date. |

**Please return this form to:** [**group.risk@ram-ltd.co.uk**](mailto:group.risk@ram-ltd.co.uk)

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Risk Assurance Management Limited


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