



RISK  
ASSURANCE  
MANAGEMENT

# 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)**

Original Death Certificate or original Coroner's Certificate

Payslip(s) evidencing salary (if applicable)

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

Please be aware that on receipt of this claim Risk Assurance Management Limited may need to request additional details from a third party (or parties) in order to validate this claim. All information will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

We will not meet any claims, or any requests for additional amounts of benefit, submitted to us more than 2 years after the date of a member's death.

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

### **SECTION 1 - Policy Details**

Principal Employer's Name:

Employer's Name (if different from Principal Employer):

Policy Number:

Scheme Name:

### **SECTION 2 - Deceased Member's Details**

Title: (Mr/Mrs/Ms/Other)

First Name(s):  Surname:

Date of Birth:  Date of Death:

Date Employment Commenced:  Date First Eligible To Join Scheme:

Date Joined Scheme:  Date of Last Day Actively at Work:



**SECTION 3 - Basis of Benefit Calculation**

**To Be Completed By The Client**

Death Benefit Basis (please tick as appropriate) Flat Benefit  Salary Related

If salary related please confirm multiple of salary

Member's Salary claimed (if applicable)  Sum Assured Claimed

Calculation of Sum Assured:

Calculated by: (name)	Signature:	Position:
Authorised by: (name)	Signature:	Position:

**SECTION 4 - Claims 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.**

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

**The Trustees of:**

<b>Trustees' Bank Details:</b>	
<b>Bank Account Name:</b>	The Trustees of: .....
<b>Bank Account Number:</b>	.....
<b>Bank Sort Code:</b>	.....
<b>Bank Name:</b>	.....
<b>Bank Address:</b>	..... .....

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



Authorised Signature:																	
Position:																	
<b>This form must be signed by a Trustee or an individual who is authorised to sign for and on behalf of the Trustees.</b>																	
<b>NB: As part of our claims process we must be able to verify the signature against specimen signatures held on file. If in doubt, please contact us or complete an Authorised Signatory Form (available from our website (<a href="http://www.ram-ltd.co.uk">www.ram-ltd.co.uk</a>) and forward with this Claim.</b>																	
Print Name:																	
On Behalf of The Trustees of the	Scheme																
Date:	<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td colspan="2">Day</td><td colspan="2">Month</td><td colspan="4">Year</td></tr></table>									Day		Month		Year			
Day		Month		Year													

**Data Protection Act 1998:**

We understand and consent to the use of any information provided by us for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

We understand that in order to do this the information may be shared with other insurers, re-insurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee benefits arrangements provided by the company.

We understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

We confirm that data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the Data Protection Act 1998.

**Please return this form to:**

**The Claims Department, Risk Assurance Management Limited  
Chancery House, Leas Road, Guildford, Surrey, GU1 4QW  
Tel: 0370 7200 780 Email: [group.risk@ram-ltd.co.uk](mailto:group.risk@ram-ltd.co.uk)**



Chancery House, Leas Road,  
Guildford, Surrey GU1 4QW  
Tel: 0370 7200 780 Fax: 0370 7200 781  
Email: [group.risk@ram-ltd.co.uk](mailto:group.risk@ram-ltd.co.uk) Web: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk)

Risk Assurance Management Limited, insurances arranged at Lloyd's  
Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority  
Registered Address: 35 Lavant Street, Petersfield, Hampshire GU32 3EL  
Registered in England and Wales No: 1334065

Coverholder at **LLOYDS**