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)

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:

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

Policy Number:
Scheme Name:

SECTION 2 - Deceased Member's Details

Title: (Mr/Mrs/Miss/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

Please refer to the "Sum Assured" and "Salary" definitions stipulated in the Policy that relate to the deceased, to ensure that the correct Salary/Benefit is being claimed.

Death Benefit Basis (please tick (a) or (b) below as appropriate)

a) Flat Benefit ☐

Flat Benefit Claimed

b) Salary Related ☐

Member's Salary

Multiple of Salary

Sum Assured Claimed

Please detail the Salary/Sum Assured calculation here:

SECTION 4 - Claim Settlement

We hereby apply to Risk Assurance Management Limited and the underwriter, The Shepherds Friendly Society 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.

Shepherds Friendly is a trading name of The Shepherds Friendly Society Limited which is an incorporated Friendly Society under the 1992 Friendly Societies Act No. 240F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FS Registration Number 109997.

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:

A) 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:

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):	……
Bank Account Number:	……
Bank Sort Code:	……
Bank Name:	……
Branch:	……
	……

B) 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

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) and forward with this Claim.

Signature:
Print Full Name:
Position:
On Behalf of The Trustees of the Scheme.
Date: ☐☐ ☐☐ ☐☐☐☐ Day Month Year

Please return this form to: group.risk@ram-ltd.co.uk

Risk Assurance Management Limited. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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Managing General Agents' Association

GRID
Group Risk Development