

Death claim notification – Mastertrust

We'll need you to fill in and return this form before we pay benefit. The form is in four parts:

PART A is filled in by the policyholder. It allows us to confirm the death and check the claim against the insurance policy cover.

PART B is filled in by the employee's next of kin, the policyholder or the legal representative looking after the estate. Our Mastertrust rules let the trustees choose who to pay benefit to. This part gives details to help them with their decision.

PART C confirms the documents we need to process the insurance claim, and help the trustees identify potential beneficiaries.

PART D provides an overview of our Mastertrust claims process.

(Please fill in using **BLOCK CAPITALS**)



Once you've filled in this form, please check it through to make sure you've confirmed everything we need. We may return the form if any important details are missing.

You'll need to return the completed form with the documents we've asked for in PART C. If you don't have all the documents just yet, you can submit the claim form with the remainder to follow. While we cannot pay benefit until we've received all the documents we need, we can start validating your claim and identifying beneficiaries.

Occasionally we'll need a few extra details to help us validate the insurance claim, for example, medical or attendance records. We'll tell you if we need more information.

The details given in PART B allow the trustees to start identifying beneficiaries. It's usual to approach the next of kin for further information and documents to confirm relationships or dependency, and to support benefit payments. The extra detail needed will depend on the deceased's circumstances.

PART A – To be completed by the policyholder.

1. About the member

Policyholder
(principal employer)

Deceased's surname

Deceased's forename(s)

Date of birth

(DD/MM/YYYY)

Date of death

(DD/MM/YYYY)

Deceased's address

Postcode

Cause of death as shown
on death certificate

Date of entry into service

(DD/MM/YYYY)

Date the deceased was last
actively at work

(DD/MM/YYYY)

Reason for any absence
between date last
actively at work and
date of death

1. About the member continued

Deceased's occupation

Location of employer where deceased was last employed

Personal status at date of death (e.g. married, civil partner, single)

Town

Postcode



You only need to complete this section if the death occurred overseas.

Date of departure from the UK

Country where death occurred

Intended date of return to UK

Purpose of visit
e.g. holiday/business

(DD/MM/YYYY)

(DD/MM/YYYY)

2. About the policy

Please provide details of both policies if the deceased was a member of both our Mastertrusts

Policy number

Date deceased became a scheme member (DDMMYYYY)

Membership category at date of death

Date of entry into category (DDMMYYYY)

**Group Life Mastertrust
(Registered)**

**Relevant Life Mastertrust
(Excepted Group Life Policy)**

3. Life assurance benefit

The benefit claimed must be in line with the contract(s) of insurance. You'll need to make sure the deceased was eligible for cover and, any earnings-related benefits are calculated using the Scheme Earnings we agreed for insurance purposes.

Please provide details for both policies if the deceased was a member of both our Mastertrusts

Scheme earnings at date of death

Scheme earnings at the annual renewal date before death

Benefit amount claimed

Calculation basis

**Group Life Mastertrust
(Registered)**

**Relevant Life Mastertrust
(Excepted Group Life Policy)**

£

£

£

£

£

£

4. Expression of wish

Did the deceased fill in an Expression of Wish form to indicate who they would like the trustees to pay benefit to?

Yes

No

**Relevant Life Mastertrust
(Excepted Group Life Policy)**

Yes

No



If 'Yes', please send their Expression of Wish with this completed form. The trustees will consider the deceased's wishes when they decide who to pay benefit to. If the deceased was a member of both our Mastertrusts, please send both Expression of Wish forms.

5. Declaration and undertaking by policyholder

The benefit claimed should be in accordance with the contract(s) of insurance.

I have checked to make sure the deceased was eligible for cover and any earnings-related benefits are calculated using the Scheme Earnings we agreed for insurance purposes.

Signature

X

Date

(DD/MM/YYYY)

Name

Capacity in which signing e.g. director or company secretary

Phone number

Email address

PART B must be completed by the next of kin, the policyholder, or the legal representative looking after the estate.



Our Mastertrust rules allow the trustees to choose who to pay the benefit to. Please provide as much detail as you can in PART B to help the trustees with their decision. As the trustees look through the information you provide, we may need to clarify points or ask for further documents and detail. We'll contact the relevant person if this is needed.

Please answer each question without making assumptions. If you don't know an answer, please tell us and we'll investigate further.

1. About the member

Full name

Date of birth

 (DD/MM/YYYY)

National Insurance Number

Did the member have any other policies with Legal & General?

Yes No Don't know

If 'Yes', please provide policy numbers and further details

2. The member's partner

What was the member's relationship status?

Married or within a registered civil partnership Unmarried partner
Single Don't know

Please provide details of the member's spouse, civil partner or unmarried partner below

Full name

Date of birth

 (DD/MM/YYYY)

Address

Postcode

Telephone number

Was the partner financially dependent on the member?

Yes No Don't know

Had the member ever divorced or dissolved a registered civil partnership?

Yes No Don't know

3. The member's parents



Complete this section if the member was single. Proceed to question 4 if you've provided detail of a partner in section 2.

Please provide details of the member's parents.

Parent 1

Full name

Date of birth

 (DD/MM/YYYY)

Is this parent living?

Yes No Don't know

If 'Yes', please confirm

Address

Postcode

3. The member's parents continued

Is this parent financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Parent 2

Full name

Date of birth

(DD/MM/YYYY)

Is this parent living?

Yes No Don't know

If 'Yes', please confirm

Address

Postcode

Is this parent financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

4. The member's children

Does the member have a child, adopted child or step child?

Yes No Don't know

If 'Yes', please provide details of the member's children below.



If there are more than two children, please use the blank space in PART B question 8 to provide the additional children's details.

Child 1

Full name

Date of birth

(DD/MM/YYYY)

Address

Postcode

Legal guardian's name, if the member's child is aged less than 18

Is the child aged 18 or more, and financially dependent?

Yes No Don't know

If 'Yes', please provide details of the dependency

Child 2

Full name

Date of birth

(DD/MM/YYYY)

Address

Postcode

Legal guardian's name, if the member's child is aged less than 18

Is the child aged 18 or more, and financially dependent?

Yes No Don't know

If 'Yes', please provide details of the dependency

5. The member's brothers and sisters

Does the member have any brothers or sisters?

Yes No Don't know

If 'Yes', please provide details below.



If there are more than two brothers and sisters, please use the blank space in PART B question 8 to provide the additional details.

Brother or sister 1

Full name

Date of birth

Address

Postcode

Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Brother or sister 2

Full name

Date of birth

Address

Postcode

Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency



If you have given details of a person aged less than 18, please provide their legal guardian's contact details on the blank space in PART B question 8.

6. Other people the trustees should consider

Is there anyone else you feel the trustees need to consider when they decide how to pay the benefit?

Yes No

If 'Yes', please provide details below.

Person 1

Full name

Date of birth

Address

Postcode

Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Please explain this person's relationship to the member

6. Other people the trustees should consider continued

Person 2

Full name

Date of birth

Address

Postcode

Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Please explain this person's relationship to the member

[Full name input]								
[]	[]	[]	[]	[]	[]	[]	[]	(DD/MM/YYYY)
[Address input]								
[Address input]								
[]	[]	[]	[]	[]	[]	[]	[]	
[Yes/No/Don't know input]								
[Dependency details input]								
[Relationship input]								



If you have given details of a person aged less than 18, please provide their legal guardian's contact details on the blank space in PART B question 8.

7. The member's estate and legal representatives

Personal or legal representative 1

Full name

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

[Full name input]								
[]	[]	[]	[]	[]	[]	[]	[]	(DD/MM/YYYY)
[Address input]								
[Address input]								
[]	[]	[]	[]	[]	[]	[]	[]	

Personal or legal representative 2

Full name

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

[Full name input]								
[]	[]	[]	[]	[]	[]	[]	[]	(DD/MM/YYYY)
[Address input]								
[Address input]								
[]	[]	[]	[]	[]	[]	[]	[]	

Did the member leave a will?

Yes No Don't know

Is there a Grant of Probate or Letter of Confirmation?

Yes No Don't know

Are there Letters of Administration?

Yes No Don't know

Was the member bankrupt or discharged bankrupt at the time of their death?

Yes No Don't know



There are three types of Grant of Representation:

- Probate – Issued to one or more executors named in the Will.
- Letters of Administration (with Will) – Issued where there is a Will; however there isn't a named executor, or when the named executor is unable or unwilling to apply for the grant.
- Letters of Administration (without Will) – Issued when there isn't a Will, or the Will is invalid.

If the member was bankrupt or discharged bankrupt at the time of their death, the benefit may be paid to the Trustee in Bankruptcy.

8. Additional information

Please use this space to include the details of people you couldn't fit in earlier sections, or any other information you'd like the trustees to consider.

9. Fraud prevention

The personal information Legal & General collects from you and/or your employer will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, www.cifas.org.uk/fpn

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Group Protection, Legal & General Assurance Society Limited, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL

Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

10. Declaration

PART B of the form has been filled in by:

Full name

Relationship to member

Email address

Telephone number

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)
<input type="text"/>										
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Protecting personal information is extremely important to Legal & General. Our Privacy Policy tells you how we collect and process personal information. Please take a few minutes to read it.

legalandgeneral.com/privacy-policy/


Please contact us if you'd like us to post you a copy of the Privacy Policy.

By signing this form, I confirm to the best of my knowledge the information I have provided in this form is true and accurate. I confirm I have not left out any material facts that might influence the trustees in reaching their final decision.

I promise to tell Legal & General if I discover I have made false or incomplete statements.

Signature

Date

										
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)



Please read PART C and work with the member's former employer to help provide the needed documents.

PART C Documents needed.

Please send us all the documents we've asked for in PART C. If you're missing a few, you can submit the claim form with the remaining documents to follow. We may not be able to finalise all the payments if these documents remain outstanding.



Certificates issued by a Registrar are protected by Crown copyright and cannot be lawfully copied without HMSO consent. Examples of these certificates include birth and death certificates.

To check the insurance claim and pass the insurance benefit to the trustees we'll need:

- A copy of this completed claim form.
- The death certificate.
- For a death outside the UK, we may ask for additional documents such as an official translation of the death certificate, and either:
 - the repatriation documents and details of the receiving coroner's office or funeral home if the body has been returned to the UK; or
 - a completed death abroad questionnaire if the body remains outside the UK.

To help the trustees decide who to pay the benefit to, we'll also need:

- An Expression of Wish form that the member may have completed to indicate who they'd like to receive the benefit.
- A copy of the Will the member may have set up.
- If the member had a partner, a document confirming a partner's relationship to the member, for example, a marriage or registered civil partnership certificate. For an unmarried partner we'll need proof of financial dependency.
- The decree absolute if the member had divorced.
- The original birth or adoption certificates for each of the member's children. If a child is aged 18 or over and financially dependent, we'll also need proof of the dependency.

If the member didn't leave a partner or children, we'll also need:

- The member's original full birth certificate or certificate of adoption.
- If applicable, proof of any financial dependency a parent, brother, sister or person named in PART B question 6, had on the member.
- The member's brothers' and sisters' birth certificates, or certificates of adoption.

PART D How we process claims under our Group Life Mastertrust

When you set up a policy under our Mastertrust you don't have to worry about how to split the benefit between potential beneficiaries, completing identity checks or filling in HM Revenue & Customs reports and forms about the benefit payments. The experienced trustees appointed to look after our Mastertrust will have this in hand.

Our processes are driven by information and we ask you to provide as much detail as you can up front. This gives the trustees the best chance of completing their investigations and paying benefit quickly.

1. Starting the claims process

To start the process we'll ask for:

- The Mastertrust claim form which is split into four parts:
 - PART A is completed by the policyholder. This helps us check the claim under the insurance policy.
 - PART B can be completed by the member's next of kin, the policyholder, or the legal representatives looking after the estate. The trustees will use this information to help identify the potential beneficiaries and prepare registered scheme reports.
 - PART C confirms the documents you'll need to send us. We use these to check the insurance claim and work out who may receive the benefit from the Mastertrust.
 - PART D provides an overview of the process.

2. Checking the insurance claim

We'll first check the claim against the policy terms. If we don't have any queries, we'll usually pay valid claims into the trustees' bank account within five days of receiving the completed claim form and death certificate.

We'll confirm when this step is complete.

3. Identifying the beneficiaries and how the benefit may be split

We'll then pass on all the claim details to our Mastertrust Team who support the trustees. They will help identify who to pay the benefit to, and how it may be split if there's more than one beneficiary.

They will review the information provided on the claim form alongside an Expression of Wish form and a Will that an insured member may have completed. This helps them better understand the insured person's circumstances and target any additional information needed. They'll write to the person best able to provide these extra details, usually the next of kin.

The level of information we need and the time it takes to investigate will depend on how simple or complicated the member's personal circumstances were at the time of death. Our Mastertrust Team recognise it's a difficult time for the next of kin and are sensitive to their loss.

We try to keep contact to a minimum, and only ask for additional detail if it's needed to complete the investigation.

The trustees will review the information gathered and confirm a decision.

While our Relevant Life Mastertrust usually pays benefit without any deductions for tax, exit and periodic tax charges may apply. After asking the legal representatives for a few details, our Mastertrust Team will work out if these tax charges apply, and how much is due. Each charge will be no more than 6% of the benefit value, and the trustees will use part of the benefit to pay these taxes.

4. Paying the beneficiaries

The Mastertrust Team carry out a few final checks before they arrange the payment. These help prevent financial crime and make sure benefit is paid to the correct bank accounts. For each beneficiary they'll need:

- birth certificates (if not previously supplied),
- documents confirming a beneficiaries relationship to the member, for example, a marriage certificate (if appropriate and not previously supplied),
- bank account statements showing the beneficiary's name, account number and sort code, and
- a payment instruction confirmation form completed by the beneficiary.

The Mastertrust Team will set up payments direct to the beneficiaries once we have these final details.

Contact us



0345 026 0094

We may record and monitor calls. Call charges will vary.



groupprotection.benefitsmanagement@landg.com
legalandgeneral.com/employer/group-protection



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