Death claim notification

Alternative Formats
If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at **groupprotection.benefitsmanagement@landg.com** or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

Please don't use this notification form if you are part of the Legal & General Mastertrust scheme. If you are part of the Mastertrust scheme, please use our 'Mastertrust Claim form' instead. Any reference in this form to employment / service should be taken as work for and membership of a partnership for Equity partners and LLP members where applicable.

We will need all relevant fields on this form completed before we can make a payment.

If you need assistance completing this form, please contact: groupprotection.benefitsmanagement@lang.com

When you are ready to submit the fully completed claim form, please ensure that it is signed and dated. It should then be scanned, along with any supporting documentation and returned to us via e-mail groupprotection.benefitsmanagement@landg.com.

We will return the form for completion if any vital information is missing. Please email us if you need assistance or have any queries.

(Please complete in **BLOCK CAPITALS**)

1 About the member

Policyholder name (principal employer or trustees)

Deceased's surname

Deceased's forename(s)

Date of birth

Date of death

Cause of death as shown on death certificate

Date the deceased was last actively at work

If the member was working reduced hours or duties before becoming fully absent, please confirm the date the reduced duties or hours commenced (if applicable). Please use the box below to provide full details.

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

Deceased's occupation

Company location where deceased last worked

Town

Postcode

1 About the member (continued)

Deceased's address	
Postcode	
Personal status at date of death (e.g. married, civil partner, single)	

You only need to complete this section if the death occurred overseas. Please ensure that you send the proof of death along with an official translation otherwise the claim could be delayed. Depending on the location and circumstances of death we may ask you some additional questions in order for us to process your claim. If there is any supporting evidence regarding the death overseas such as any investigative report, postmortem notes or repatriation papers please provide.

Date of departure from the UK	
Country where death occurred	
Intended date of return to UK	
Purpose of visit e.g. holiday/ business	
Has the body been repatriated to the UK?	☐ Yes ☐ No

2 About the policy

	Life assurance benefit	Dependants' pension
Policy number		
Date of entry into service		
Date the deceased became a member of the scheme (date first covered for group life benefits)		
Reason for any difference between date of service and date joining scheme. Please confirm if they joined at first opportunity		
Membership category at date of death		
Date of entry into category		

Please send proof of death issued by a Registrar, for example death certificates. UK certificates are protected by Crown copyright and cannot be lawfully copied without the consent of HMSO.

Please send us proof of death if:

- The member died outside the UK.
- You're sending us this form within 10 working days of the death being registered.
- Only a coroner's interim certificate has been issued.
- Claims exceed £1.25 million.

For most other circumstances we're able to confirm deaths without seeing the death certificate. If we cannot, we'll ask you for the death certificate and explain why it's needed.

For Dependants' Pension, we need the following:

Birth certificate of each beneficiary, including children. ☐

Certificate of marriage/ civil partnership (if the birth name on the certificate is different from that on the beneficiary's birth certificate, additional documentation should be enclosed, e.g. previous marriage certificate(s), deed poll) ☐

Confirmation of financial dependency (if applicable) ☐

If the beneficiary is not the Spouse/ Registered Civil Partner or a Child (aged under 18) of the deceased, confirmation of financial dependency in the form of a statement signed by the policyholder is required.

3 Life assurance benefit

The benefit being claimed must be in accordance with the contract(s) of insurance. You'll need to make sure the deceased was eligible for cover and, the benefit claimed is calculated in accordance with the definition of Scheme Earnings agreed for insurance purposes.
If this is the first claim under the policy or the Trustee bank details have changed, please provide the bank details on the policyholder's headed paper.

	At date of death		At annual renewal date prior to date of death
Life assurance benefit scheme earnings	£		£
Amount claimed	£	Basis of calculation	
Trustee's bank account sort code	– –		
Trustee's bank account number			
Trustee's bank account name			

Benefit Direct to Beneficiaries

Would you like to pay the benefit directly to the beneficiaries?

☐ Yes ☐ No

If you ticked 'yes' please complete and return the **'Pay Direct to Beneficiaries Instruction'** form. This option is not available for claims under a Partner Business Protection policy and the firms bank details should be given in the above trustee account details.

4 Dependant's pension

If you wish to claim for more than one dependant please photocopy pages 3 and 4 or use the **Additional dependants' claim form** downloaded from our website. Please ensure the total benefit claimed for all dependant's adds up to the total available under the policy.
Please provide the following information to dependants' pension beneficiaries:

- To protect against financial crime, we may need to confirm the dependant's identity from time to time. We may do this by using reference agencies to search sources of information about the dependant (an identity search). This will not affect the dependant's credit rating. If this identity search fails, we may ask the dependant for documents to confirm their identity.
- L&G's Privacy Policy, which will help a dependant understand what we do with the information we collect. The Privacy Policy is available at: **https://legalandgeneral.com/privacy-policy/**

To avoid delays you need to accurately complete the dependant's full name, date of birth and address details. Incomplete details will result in delays and the need to request further information from the beneficiaries at a later stage to confirm their identity.

Name of dependant	
Date of birth	
Gender	☐ Male ☐ Female
Address	
Postcode	
National Insurance number	
Relationship to deceased	
Dependant's pension scheme earnings	£
Amount claimed	£
Basis of calculation	

4 Dependant's pension (continued)

Pension increase rate and, if separate rates apply to different portions of pension, the rate applicable to each e.g. £560.40 at 3%.

£	at	%	£	at	%
£	at	%	£	at	%

If the scheme rules give you discretion to convert the dependants' pension to a one-off cash payment and if would you like us to provide a cash value to consider tick here. ☐
(Trustees should check the scheme rules first to confirm they have discretion to convert to a lump sum). Please complete the **Dependant's pension lump sum settlement and discharge form.**

Dependant's bank account sort code: __ __ – __ __ – __ __

Dependant's bank account number: __ __ __ __ __ __ __ __

Dependant's details for payment:

If payment is to be made to the scheme account in respect of the beneficiary, please provide the scheme account details in the Dependant's bank details above.

5 Fraud prevention

The personal information L&G 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** L&G 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.

L&G 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, Four Central Square, Cardiff, CF10 1FS. L&G 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.

6 Declaration and undertaking by policyholder

The benefit claimed should be payable 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.

- I agree that the payment of a benefit in accordance with our instructions will constitute a full discharge of the liability of L&G under the Policy in respect of that benefit.

I agree to provide L&G's **Privacy Policy** to the beneficiaries of a dependant's pension.

Signature: ✗

Date (DD/ MM/ YYYY): __ __ / __ __ / __ __ __ __

Name:

Capacity in which signing e.g. Trustees, Scheme Administrator:

Phone number:

Email address:

When you are ready to submit the fully completed claim form, please ensure that it is signed and dated. It should then be scanned, along with any supporting documentation and returned to us via e-mail **groupprotection.benefitsmanagement@landg.com**.

7 Important information

It's important that this form is completed in full otherwise there could be a delay with the claim.
To help you, we've included the checklist below to make sure you've completed all the sections we need. Please make sure you can tick each section before the form is sent to us. Incorrect information on the claim form may delay the claim.

LUMP SUM ONLY		DEPENDANT'S PENSION (please also ensure that the lump sum boxes are ticked)	
Claim form fully completed	☐	Dependant's bank details (if applicable)	☐
Policy number provided	☐	Marriage/civil partnership certificate (if applicable)	☐
Scheme details provided	☐	Birth certificate for each dependant	☐
Proof of death (see section 2)	☐	Trustee confirmation of financial dependency (if applicable)	☐
Trustee bank details provided	☐	Amount claimed	☐
Scheme earnings provided	☐	Basis of calculation	☐
Declaration signed by trustees/ scheme administrator	☐		

Occasionally we may ask for more details, for example medical or attendance records.

Contact us

0345 026 0094
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groupprotection.benefitsmanagement@landg.com
legalandgeneral.com/employer/group-protection/

Group Protection, Legal & General Assurance Society Limited,
Four Central Square, Cardiff, CF10 1FS

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