

Voluntary Life Assurance Plan spouse/ partner's 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 only use this notification form if this claim is in respect of a spouse or partner covered under a voluntary spouse partner life assurance policy. Any reference in this form to employee / employment / service should be taken as being applicable for and applying to an Equity partner or LLP member.

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 such as a copy of the last application form 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 employee

Policyholder's name
(Principal employer)

Employee's surname

Employee's forename(s)

Date of birth
(DD/MM/YYYY)

Date of joining the company
(DD/MM/YYYY)

Occupation

Company work location

Employee ID/reference no.

2. About the spouse/partner

Surname

Forename(s)

Deceased's address

Postcode

Date of birth
(DD/MM/YYYY)

Date of death
(DD/MM/YYYY)

Marital status at
date of death

Cause of death as shown
on death certificate

National Insurance number

3. About the scheme

Scheme details

Group policy number
Date the deceased became first covered for group life benefits under this scheme. (DD/MM/YYYY)
Membership category at date of death
Entry date into the category (DD/MM/YYYY)
Date of selection of benefit being claimed (DD/MM/YYYY)

Life Assurance Benefit

4. Documents enclosed



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.

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.

To help you, we've included the checklist below to make sure you've included all the documents we need:

Death certificate (if required)

Copy of last completed application form

5. Life Assurance Benefit claimed

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 terms 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.

Amount claimed

£

Basis of calculation

Trustee's bank account number

Trustee's bank sort code

- -

Trustee's bank account name

Trustees of

Benefit Direct to Beneficiaries

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

Yes

No

If you ticked 'yes' please complete the '**Pay Direct to Beneficiaries Instruction**' form.

6. 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.
- Checking sources of income and tax details.

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.

7. Declaration and undertaking by policyholder



Protecting personal information is extremely important to L&G. 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.

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.

Name

Signature

Date (DD/MM/YYYY)

Capacity in which signing
(e.g. Trustees, Scheme
Administrator)

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 such as the last application form and returned to us via e-mail to: groupprotection.benefitsmanagement@landg.com.

Contact us



0345 026 0094

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



groupprotection.benefitsmanagement@landg.com

legalandgeneral.com/adviser/workplace-benefits/group-protection/



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

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055

Registered office: One Coleman Street, London EC2R 5AA

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Q0024149 05/26 NONGASD

