Death claim notification – Mastertrust

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 **group.protection@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 use this notification form if your claim is part of the Legal & General Group Life Mastertrust or the Legal & General Relevant Life Mastertrust. 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'll need you to fill in and arrange for completion of all parts of this form before we are able to process the claim and pay any benefits due.

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

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 ensure the family of the deceased are aware of the process and provide them with the L&G Privacy Policy. https://www.legalandgeneral.com/privacy-policy/

(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.

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** or by post to Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

PART A – To be completed by the policyholder.

1. About the member

Principal employer (company name)	
Deceased's surname	
Deceased's forename(s)	
Date of birth	(DD/MM/YYYY)
Date of death	(DD/MM/YYYY)
Deceased's address	
Postcode	

1. About the member continued

Cause of death as shown on death certificate	
Date the deceased was last actively at work	(DD/MM/YYYY)

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
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	(DD/MM/YYYY)
Country where death occured	
Intended date of return to UK	(DD/MM/YYYY)
Purpose of visit e.g. holiday/business	
Has the body been repatriated to the UK?	Yes No

2. About the policy

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

	Group Life Mastertrust (Registered)	**Relevant Life Mastertrust (Excepted Group Life Policy)**
Policy number		
Date of entry into service		
Date deceased became a member of the scheme (date first covered for group life benefits)		
Membership category at date of death		
Reason for any difference between date of service and date joining scheme include confirmation if they joined at first opportunity		
Date of entry into category (DDMMYYYY)		

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.

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

	Group Life Mastertrust (Registered)	**Relevant Life Mastertrust (Excepted Group Life Policy)**
Scheme earnings at date of death	£	£
Scheme earnings at the annual renewal date before death	£	£
Benefit amount claimed	£	£
Calculation basis		

4. Expression of wish

	Group Life Mastertrust (Registered)	**Relevant Life Mastertrust (Excepted Group Life Policy)**
Did the deceased fill in an Expression of Wish form to indicate who they would like the trustees to pay benefit to?	☐ Yes ☐ No	☐ 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	✗
Date	☐☐ ☐☐ ☐☐☐☐ (DD/MM/YYYY)
Name	
Capacity in which signing e.g. director or company secretary	
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** or by post to Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

PART B must be completed by the next of kin, the policyholder, or the legal representative looking after the estate. This form should only be completed by someone who is able to complete the information.

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. Inclusion of a person's details on this form does not indicate they will be a beneficiary. The trustees will review the individual circumstance and exercise their discretion.

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 L&G? Yes No Don't know

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

Date of funeral (if known) (DD/MM/YYYY)

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

Email address

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

Please provide copies of any marriage or civil partnership certificates along with copies of any divorce or civil partnership dissolution papers.

3. The member's parents

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

Telephone number

Email address

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

Telephone number

Email address

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. Please include all children from all relationships including those adopted and financially dependent. Proof of relationship and financial dependency may be required such as birth or adoption certificate. Please provide telephone number and email details of all children over age 18 using the blank space in PART B question 8 .

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

Please provide details of anyone not previously listed who is financially dependent on the member.

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. Proof of relationship and financial dependency may be required such as birth or adoption certificate. Do not provide telephone numbers and email details for anyone under age 18.

Brother or sister 1

Full name

Date of birth (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

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 (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

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 including email address 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 (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

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 (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

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

If you have given details of a person aged less than 18, please provide their legal guardian's contact details including email address 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 (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

Personal or legal representative 2

Full name

If not provided in a previous section, please confirm:
Date of birth (DD/MM/YYYY)

Address

Postcode

Telephone number

Email address

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

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.

Please provide copies of any Will, Grant of Probate, Letter of Confirmation or Letters of Administration (or equivalent) available.

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. If you have been unable to provide the names of any family, dependant or personal representative please provide details of anyone with close knowledge of the member's personal circumstance to assist the Trustees in their investigations. Please include email and telephone numbers.

9. 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.

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	(DD/MM/YYYY)
Address	
Postcode	

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.

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 L&G if I discover I have made false or incomplete statements.

Signature	✗
Date	(DD/MM/YYYY)

Please read PART C and work with the member's former employer to help provide the needed documents. 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** or by post (when supplying original documents) to Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

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 contact 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, entry, 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. An exit or periodic charge will be no more than 6% of the benefit value, entry charges are up to 20%, and the trustees will use part of the benefit to pay these taxes. Benefits under our Group Life Mastertrust are subject to the Lump Sum and Death Benefits Allowance, currently £1,073,100 and any amount in excess is subject to tax which the beneficiary will need to pay to the HMRC at their marginal rate.

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

Group Protection, Legal & General Assurance Society Limited,
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Legal & General Assurance Society Limited
Registered in England and Wales No. 00166055.
Registered office: One Coleman Street, London EC2R 5AA.

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Q0043433 05/26 NON GASD