

Police Service Excepted Group Life Insurance Scheme

Life and Terminal Illness Claim Form



Please complete this form when an existing Group Life Scheme Member or their subscribing Partner has died or been diagnosed with a terminal illness.

1 Personal details (to be completed for all claims)

Scheme name	<input type="text"/>		
Scheme number	<input type="text"/>		
Other policy numbers With Aviva	<input type="text"/>		
Member's surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Member's Address	<input type="text"/>		
	<input type="text"/>		
	Postcode		
	<input type="text"/>		
Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Category of membership	<input type="text"/>	(e.g. Serving Officer, Retired Officer, New Recruit, etc)	
When did the Member join the Police Force?	<input type="text"/> / <input type="text"/> / <input type="text"/>	When did the Member join the scheme? <i>This is not necessarily the date Aviva assumed risk</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When was the Member last actively at work? <i>Actively at work is following their normal occupation for the normal number of hours at their normal place of work</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	When did the Member retire <i>(if applicable)?</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When did the Member die <i>(if applicable)?</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>	Is the claim in respect of terminal illness diagnosis?	no <input type="checkbox"/> yes <input type="checkbox"/>

2 Details of partner

Please complete this section only if there is a claim in respect of a partner.

Partner's surname	<input type="text"/>		
Forename(s)	<input type="text"/>		
Date of birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of marriage or Civil Partnership <i>(if applicable)</i>	<input type="text"/> / <input type="text"/> / <input type="text"/>
When did the partner join the scheme?	<input type="text"/> / <input type="text"/> / <input type="text"/>		
When did the partner die? (if applicable)	<input type="text"/> / <input type="text"/> / <input type="text"/>	Is the claim in respect of terminal illness diagnosis?	no <input type="checkbox"/> yes <input type="checkbox"/>

3 Details of dependant children

Please complete this section only if there is a claim in respect of a dependant child

Name	Date of birth	Date of death
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

4 The death certificate

Please complete this section only in respect of a death claim.

We need to see the original death certificate before settlement can be made, this will be sent back by return using recorded delivery

Is the original death certificate enclosed? yes To follow

If it is not enclosed, this is because

5 Lump sum payment details (to be completed for all claims)

The sum insured claimed is

£

The death grant claimed is

£

If accepted, settlement of the claim will be made by BACS directly into the trustees' bank account.

Name of Bank

Branch

Account name

Trustees of

Bank sort code

Account number

6 Death overseas

Please complete this section only if the member died while abroad

Country visited

Date visit commenced

 / /

Intended return to UK

 / /

Purpose of visit

7 Declaration (to be completed for all claims)

We, the trustees, confirm that the claimant was a member of the scheme at the time of death/terminal illness diagnosis and that the details given are correct to the best of our knowledge and belief.

Authorised and signed on behalf of the trustees

Signature

Date

 / /

Name *please print*

Position

Please send this form and death certificate to Aviva, GRK4 (Claims), PO Box 3240, Group Risk, Norwich, NR1 3ZF.

We reserve the right to request additional information in order to assess the validity of the claim.