



Group Life Claim Form

Completing the form

The form can be completed on-screen or printed off and completed by hand.

If completing on-screen, please first save the form to your computer before entering any information to ensure you do not lose any inputs. Save and email the completed form to **groupclaims@aiglife.co.uk**.

If completing by hand, please use black ink. The quickest way to send us the completed form is to scan and email it to **groupclaims@aiglife.co.uk**. Alternatively, it can be posted to us at:

Group Claims Team
AIG Life Limited
The AIG Building
58 Fenchurch Street
London
EC3M 4AB

In case any answers you have require more space than the form provides, we have provided additional pages at the end of the form.

When we receive the claim form, we will check the basic details of the policy, such as ensuring the cover being claimed against is in force, premiums are up to date, etc. If there are any issues during this check that would delay a claim being paid we will contact you immediately.

We will not usually need to see the death certificate - exceptions are if the death occurs outside the UK or if it is the subject of an inquest that has not been concluded (we can accept a Coroner's interim certificate) - because we are able to verify the death against the online death register. However, if a dependant's or children's pension is insured, we will need (originals) of the following items:

- Certificate of marriage/civil partnership
- Birth certificate - in respect of child(ren) only
- Evidence of financial dependency - if the financial dependant is not the member's spouse, civil partner or child, the Trustees must also provide a copy of evidence they have gathered in establishing those dependants who should receive any benefits payable (this will be provided by PTL Governance Ltd if the scheme is within the Master Trust).

Please send these to the Claims Team at the address shown above. We recommend they are sent by Recorded Delivery (we will use this service when returning them to you). On their receipt, we will contact you promptly if there is any further information we need.

Once we have accepted a claim, payments will be made within 5 working days. If at any time you would like to contact us about any aspect of the claim, you can call our Claims Team on 0330 303 9973 or email **groupclaims@aiglife.co.uk**.

Section A - Policy and contact details

Policy (scheme) name	
Policy number	
Contact name	
Address for correspondence	
Telephone number(s)	
Email address	

Section B - Trustee details (where different from those in Section A)

If your scheme participates in the Master Trust, please omit this section.

Name of trustee	
Telephone number(s)	
Email address	

Section C – Member details

Title and full name					
National Insurance number					
Occupation					
Home address					
Date of birth					
Date of death					
Cause of death					
Place of death (town/postcode)					
Location where last employed (town/postcode)					
Contract type (please tick)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Zero hour		
Date employment started					
Date eligible to join the original scheme					
Actual date of joining scheme					

If the member did not join the scheme (or the pension scheme, if cover is dependent on being a member of the pension scheme) when first eligible please advise when, and the circumstances under which, they joined.

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Date last at work			
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Please provide details of this member's absences lasting longer than one week during the past three years (including the period from the date last at work until the date of death). If none, please tick this box

Dates of absence from	to	Cause of absence

Section D - Lump sum benefit details

Please complete this section if a lump sum is insured, either on its own or with a pension. If the claim is for death in service pension benefits only, please omit this section and go straight to Section E.

Deceased member's salary as per policy definition (£ p.a.)	
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Lump sum benefit insured (£)	
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If the policy covers flexible benefits (that is, the member can select their level of benefit from a range of options) please show the deceased member's choices in the three years preceding their death.

Was the selection made during an annual flex window or following a lifestyle event?				If a lifestyle event, please advise the type (marriage, birth of child, etc.)
Date	Level of benefit selected	Annual window	Lifestyle event	

If the member was, on each of the dates when selections were made,

- a) actively performing their normal occupation or taking authorised leave (other than sick leave),
- b) working the normal number of hours required by their contract, either at their normal place of employment, at a location as agreed with their employer, or at a location to which they were required to travel for business,
- c) mentally and physically capable of performing all the duties normally associated with their job

and in doing each of these was not acting against medical advice, please tick this box

Or If any of the above does not apply, please give details

Bank account details for payment of lump sum benefit

If the policy has not been set up under the Master Trust, our normal practice is to pay the lump sum benefit to the trustees. If you have a trustee bank account, please insert the details in the boxes below. Some trusts allow benefits to be paid into a company bank account. If this is the case here, please insert the company bank account details, supply a copy of the trust document and complete a 'Pay Sponsoring Company' declaration on your company headed paper. We are prepared to pay a lump sum direct to a bank account belonging to a beneficiary if we receive express instructions to do so by the trustees on a 'Trustee instructions to pay benefit to beneficiary' form.

If the policy is in the Master Trust, do not complete this section. The lump sum will be paid to PTL, the professional trustees who oversee the Master Trust, who will consider all relevant factors and arrange payment to the beneficiaries accordingly.

Name of Bank/Building Society	
Branch address	
Account name	
Account number	
Sort code	

This account belongs to (please tick one box)

The trustees. Nothing further required where the account belongs to the trustees.					
Name 1		Date of birth		Address	
Name 2		Date of birth		Address	
Name 3		Date of birth		Address	
Corporate Trustee Name				Corporate Trustee Address	
<p>We will not be able to pay the claim without this information.</p> <p>The sponsoring company. Please provide a copy of the Scheme Trust Deed and complete a 'Pay Sponsoring Company' declaration.</p> <p>The individual to whom the lump sum benefit should be paid. Please also complete a 'Trustee instructions to pay benefit to beneficiary' form.</p>					

Section E - Pension for spouse or dependant(s)

Please complete this section if a spouse's/civil partner's and/or other dependant's pension is insured, either on its own or with a lump sum. If a pension is to be paid to more than one individual, please either copy this page and insert the information for each one, or use the 'additional information' boxes at the end of this form.

Title and full name of person to receive pension	
Relationship to the deceased	
Address	
Date of birth	<input type="text"/>
National Insurance number	<input type="text"/>
Deceased member's salary as per policy definition (£ p.a.)	
Amount of annual pension insured (£ p.a.)	

Payee's bank account details for payment

Name of Bank/Building Society	
Branch address	
Account name	
Account number	
Sort code	

Declaration and undertaking by the Policyholder

I declare that the information given in this form is correct and that the entitlement to the benefits claimed is in accordance with the terms of the insurance contract(s).

Your name	
Date	
Capacity in which you are signing (e.g. Director/HR manager)	

Thank you for completing the form

If you need to add any information for which there was insufficient space, please do so on the following page.

Data Protection

We are the data controller of personal data and will process personal data in order to undertake any activity to handle this claim. We may share personal data with

- our reinsurers
- other companies within the AIG Group
- our claims service providers
- our IT service providers
- our regulators and government agencies: the Financial Conduct Authority, and Her Majesty's Revenue and Customs 'HMRC'
- the member's employer and/or their advisers

The information supplied by you may be transferred outside the UK including to countries outside the European Economic Area (including the USA, China, Mexico, Malaysia, Philippines and Bermuda). Further information regarding how we deal with personal data can be found on our website: <https://www.aiglife.co.uk/privacy-policy>

Winston's Wish

We recommend that where there is a death in your work community, the bereaved family is made aware of the help available from Winston's Wish, a leading childhood bereavement charity and the largest provider of services to bereaved children, young people and their families in the UK. They offer practical support and guidance to families, professionals and anyone concerned about a bereaved child.

Information on the services Winston's Wish provide can be found at www.winstonswish.org.uk and their Helpline number is 08452 03 04 05. We would be grateful if you could pass these details on to the deceased member's family so that they have access to the practical support Winston's Wish can provide.

Additional information

If you did not have sufficient room to provide a full answer to any of the questions in the form, please use the space below to provide the remainder of your answers.



www.aiglife.co.uk