

Notification of Death Claim Form



Please complete all sections as fully as possible using black ink.

Once completed and signed, please return this form to us at: Claims Dept, Unum, Milton Court, Dorking, Surrey, RH4 3LZ. Should you have any queries please call 01306 873 243



Section A - Please complete this page in full in all cases

Member Details

Employer: Policy Number:

Deceased's Full Name:

Date of Birth: / / National Insurance Number:

Occupation:

Date of Death: / / Cause of Death:

Home Address:

 Postcode

Date joined Company: / / Date Joined Scheme: / /

Date joined Pension Scheme (if applicable): / / Salary: £

Date Member was Last Actively at Work: / / Lump Sum Assured: £

For most claims we are able to confirm deaths without seeing the original death certificate, however please enclose an original certificate if any of the following apply;

- The member died outside the UK
- You are making the claim within 10 working days of the death being registered
- Only a coroners interim certificate has been issued
- The lump sum claimed is more than £500k
- If you ask us to make the payment to someone other than the Trustees
- If a dependents pension is also being claimed

Please state if you are using your own trust or participating in the Unum Life Assurance Master Plan (A):

Own Trust - Please provide the Trustees bank account details to which payment will be made

Bank Name

Account Name

Sort Code - - Account Number

Unum Master Trust - Please complete the beneficiary/contact details overleaf

Declaration:

I declare that all statements made in this document are true and complete to the best of my knowledge and belief and that I have disclosed all information material to this claim for benefit.

I understand that if any information provided is found to be deliberately misleading, or if I fail to provide material information, this claim may be rejected and the insurer may be entitled to keep any premiums paid.

Signature Date / /

Full name

Position in Company

Section B - Please complete this section of the form if this is a Master Trust Claim

Deceased's name

Unum Master Trust – Please provide as much information as you can to help the Trustees investigate the Deceased's circumstances and identify their dependants

Contact details:

Do you know who is handling the deceased's estate/affairs? (eg solicitor or relative)

Name:

Address:

Telephone Number:

Email Address:

Beneficiaries:

Do you have a Beneficiary Nomination form completed by the deceased?

Yes No

If so, what date was the form completed:

Please provide details of any nominated beneficiaries

Beneficiaries Details

Name

%

Name

%

Name

%

Please enclose a copy of the Beneficiary Nomination form(s)

Enclosed/To Follow* (Delete as appropriate)

Personal Circumstances:

Are you aware if the Deceased had any Dependants?

Name:

Address:

Relationship to Deceased

Name:

Address:

Relationship to Deceased

Any other Comments

Please provide any additional information which you believe may assist the Trustees

You can attach separate sheets, as necessary.

Section C - Please complete this section of the form if a Death in Service Pension (DISP) is payable

Spouse's Pension

Dependant's Pension

Child's Pension

Orphan's Guarantee

Annuitant's details

Surname

Title (please tick one of these boxes or state another title)
 Mr Mrs Miss Ms
 Other

Forename(s)

Date of birth Gender Male Female

Home address

 Postcode

N.I. number

Annuity payment details

Bank / Building Society name

Bank / Building Society address

 Postcode

Account holder(s) name(s)

Sort code - - Account number

Building Society reference number

Certificates

Spouse's / children's birth certificate (please tick) Enclosed To follow

Marriage certificate (please tick) Enclosed To follow

Annuity details

Annuity details	Annuitant's annual pension	Escalation rate	Effective date of escalation

Please provide a copy of the latest available benefit statement issued to the employee.

Please attach additional sheets if necessary

Section C - Please complete this section of the form if a Death in Service Pension (DISP) is payable

Spouse's Pension Dependant's Pension
 Child's Pension Orphan's Guarantee

Child's details (if applicable)

Surname

Title (please tick one of these boxes or state another title) Mr Mrs Miss Ms
 Other

Forename(s)

Date of birth Gender Male Female

Home address

 Postcode

N.I. number

If more than one child, please continue on a separate sheet

Annuity payment details

Bank / Building Society name

Bank / Building Society address

 Postcode

Account holder(s) name(s)

Sort code - - Account number

Building Society reference number

Certificates

Spouse's / children's birth certificate (please tick) Enclosed To follow
 Marriage certificate (please tick) Enclosed To follow

Annuity details

Annuity details	Annuitant's annual pension	Escalation rate	Effective date of escalation

Please provide a copy of the latest available benefit statement issued to the employee.

Please attach additional sheets if necessary

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