

Notification of Death



Please complete all sections as fully as possible using black ink. If you are in any doubt as to whether you need to disclose a particular fact to us, please state it in full.

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

Scheme details

Policy name	<input type="text"/>		
Policy number	<input type="text"/>		
Employee's full name	<input type="text"/>		
Date of birth	<input type="text"/>	Employee Reference	<input type="text"/>
Deceased's full name	<input type="text"/>		
Date of birth	<input type="text"/>	Date joined Life Assurance scheme	<input type="text"/>
Date of death	<input type="text"/>	Lump sum cover at date of death	£ <input type="text"/>

Original Death Certificate: Enclosed / To Follow

The Deceased was my:

- Spouse**
Please enclose your Original Marriage Certificate Enclosed / To Follow
- Civil Partner**
Please enclose your Civil Partnership Certificate Enclosed / To Follow
- Dependent Partner**
a) co-habiting and having a joint loan or other financial liability
Please enclose copies of supporting financial statements Enclosed / To Follow
or
b) jointly responsible for a dependent child(ren)
Please enclose your child(ren)'s Birth certificate(s) Enclosed / To Follow

Please leave this space blank

Please provide your bank account details to which payment will be made;

Bank name

Bank Sort Code

Account name

Account number

Declaration (to be signed by the employee)

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.

Signed

Date

Full name

unum.co.uk

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Registered office:
Milton Court, Dorking,
Surrey RH4 3LZ.
01306 887766 TEL
01306 881394 FAX

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