

Group Life – Death abroad questionnaire

This form should be completed by the policyholder.

As the member died outside the UK, we require additional evidence before we can consider paying an insured benefit.



DEFK0570

We will need to see the original death certificate and the additional evidence detailed below.

Policyholder name	<input type="text"/>
Policy number	<input type="text"/>
Deceased's name	<input type="text"/>
Unum Life ID (if known)	<input type="text"/>

Section 1

Please complete this section in all cases.

Usual UK address

Address while abroad

Purpose of trip

Holiday

Business

Other

Please state

Date of departure from UK

Planned date of return to the UK

Cause of death

Section 2

Date and time of death

Place of death

Only complete the rest of this section if the death **did not occur in one of the following:**

- any country in the European Union
- any country in the European Economic Area
- Norway
- Switzerland
- Gibraltar
- Australia
- New Zealand
- Canada
- USA

Cause of death details

Accidental death complete **accidental death section** below.

Natural causes complete **natural causes section** below.

Accidental death

Nature of accident

Date and time of accident

Place of accident

Was there a police investigation into the cause of death?

Yes Please forward a copy of the police accident report.

No

Was a post mortem performed?

Yes Please forward a copy of the post mortem report and medical cause of death certificate.

No

Natural causes

Details of illness

Onset of illness

Name and address of UK GP

Name and address of medical attendants/ hospital abroad

Was a post mortem carried out?

Yes Please forward a copy of the post mortem report and medical cause of death certificate.

No

Burial/cremation

Was the body returned to the UK?

Yes Please forward a copy of the UK coroner's certificate and repatriation papers.

No Please forward a copy of the burial permit abroad.

If yes:

Date body returned to UK

UK coroner's name and address

If no:

Date of burial/cremation abroad

Place of burial/cremation abroad?

Document checklist

Are the following enclosed with this form?

Original death certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Police accident report	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Post mortem report	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Medical cause of death certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
UK coroner's certificate	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
UK repatriation papers	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>
Burial permit abroad	N/A	<input type="checkbox"/>	Enclosed	<input type="checkbox"/>	To follow	<input type="checkbox"/>

Submission statement

By submitting this completed death abroad questionnaire, you confirm that:

- All statements made are true and complete
- and
- All information relevant to this benefit claim has been disclosed

Please note that if any information you have provided is found to be deliberately misleading or if you have not given us all the relevant information, we may reject your claim. We may also be entitled to keep any premiums you have paid.

Date of completion	<input type="text"/>
Contact name	<input type="text"/>
Position in company	<input type="text"/>
Phone number	<input type="text"/>
Email address	<input type="text"/>

Please make sure you have fully completed this submission statement and included your contact details. It may delay your claim if we need to return your form because of missing information.

You can submit your form by email from your company's email (either directly or forwarded by your broker), or by post with a covering letter on your company-headed paper.