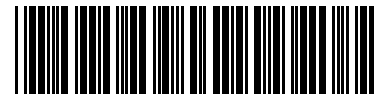


# Group Life – Child’s pension – proof of education form



DEFK0513

Please complete this form if you are claiming a dependent child’s pension and you are over 18 and in full-time education.

The dependent child should complete Section 1. The education provider should complete Section 2.

Please return the completed form to us at: **DorkingClaimsAdmin@unum.co.uk**.

Alternatively, by post to: Claims Dept, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.

If you have any queries, please call **01306 873 243**.

Policyholder name	<input type="text"/>
Scheme 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

### To be completed by the dependent child

Full name

Date of birth

I confirm that I am in full-time education/vocational training at

Start date of your study/course

Anticipated end date of your study/course

I confirm that I will notify Unum Limited immediately if I am no longer in full-time education.

Signature

Date

## Section 2

### To be completed by the education provider

I confirm that

(Name of student)

Attends (Address of

education provider)

Duration of course

Name and Position

Signature

Date