

Group Life Assurance Claim Form

Please complete all sections in **BLOCK CAPITALS** or by ticking boxes where applicable.

Once completed, please return the form by either:

- Email to: **claims@omnilife.co.uk** or
- By post to: **Claims Administrator, Omnilife Insurance Company Ltd, 24 Chiswell Street, London, EC1Y 4TY.**

Section A - Scheme Information

Scheme name:

Employer:

Policy number:

Section B - Deceased Member's Details

Full name of deceased member:

Gender Male Female:

Date of birth: Date of death:

Category of membership:

Date they joined the company: Date they joined the scheme:

If the member did not join the scheme at their first opportunity please provide full details

Date last "Actively at Work":

If the deceased was not "Actively at Work" on their date of death what was the reason for absence?

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Section B1- death overseas

To be completed if the death took place outside of the UK. Please ensure that the original death certificate is provided along with an official translation in cases where a certificate has not been issued in English.

Date of departure:

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Date of intended return:

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Country visited

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Reason for visit:
(e.g. Business, holiday)

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Section C - Payment Options

Section C1 - lump sum

Salary used to calculate sum assured:

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Salary as at:

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Benefit calculation
(e.g. 4 x salary, flat benefit):

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Contracted hours (e.g. 35 hours)

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Salary hourly rate £

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Benefit being claimed:

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Section C2 - spouses dependants' pension

Please complete this section if a Spouse, Civil Partner, Dependant or Dependent Children claim is payable under this policy.

Salary used to calculate sum assured:

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Salary as at:

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Pension calculation basis:

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Escalation rate(s):

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Pension amount:

If applicable, amount of

Guaranteed Minimum Pension accrued before 6 April, 1998

Guaranteed Minimum Pension accrued after 6 April, 1998

Name of spouse:

Date of birth:

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Name of dependant 1:

Date of birth:

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Name of dependant 2:

Date of birth:

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Name of dependant 3:

Date of birth:

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Section D - Payment of Benefit

Section D1 - Payment of Funds

Please confirm who the funds are to be paid to:

Trustee(s)

Company

If the funds are to be paid by Omnilife to the Company, we will require a letter signed by the Trustees confirming this.

Section D2 - Payment Details

Please provide the following electronic transfer information:

Account name:

Account number:

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Sort code:

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Bank Name &
Address:

	Postcode:						
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Check List

Please note we require sight of the Original Death Certificate

Fully completed claim form: Original death certificate:
Evidence of earnings: Declaration signed:

If a Spouses Pension is being claimed

Birth certificate: Marriage certificate (if applicable):

Declaration

We certify that the above Member was a member of the Scheme and was entitled to the benefits shown above which we now claim and confirm the details provided are correct to the best of our knowledge. We understand that Omnilife Insurance Company Limited shall discharge it from all liability in respect of this claim.

Signed on Behalf of the Trustees

Full Name of Trustee:

Date:

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Omnilife: 24 Chiswell Street, London EC1Y 4TY

Telephone: 020 7374 0123

Email: Claims@omnilife.co.uk

Website: www.omnilife.co.uk

