

Master Trust Group Life Claim Form



This form should be completed when making a claim under a Master Trust Group Life Policy.

The Policyholder is responsible for the completion of this form.

Please complete the form electronically where possible, but however you choose to complete the form please send this to grouplifeclaims@aviva.com or Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

It's important that you answer all the questions on this claim form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could mean we won't pay your claim at all.

If you require any assistance with the completion of this form, please contact us at grouplifeclaims@aviva.com or on 0800 158 2714.

Our opening hours are Monday to Friday, between 9.00am and 5.00pm. For your protection and ours, calls to and from Aviva may be recorded and/or monitored.

1. Policy details

Policy name

Policy number(s)

Other policies with Aviva

Other Policies with Aviva – If the death certificate or other supporting documentation has been sent to or is required by another part of Aviva, we may be able to share this information with them and speed up any claims that are being processed.

2. Member details

Member's forename(s)

Member's surname

Date of birth

D	D	M	M	Y	Y	Y	Y
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Sex

Male

☐

Female

☐

Member's address

Postcode	

3. Further member details

Category of membership

Date member joined the company

D	D	M	M	Y	Y	Y	Y
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Date member joined the policy

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date the member was last actively at work

D	D	M	M	Y	Y	Y	Y
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If not actively at work on date of death, please provide the reason for absence

Did the member join the policy as a result of auto-enrolment into the qualifying pension scheme?

Yes

☐

No

☐

If **yes**, what was the auto-enrolment date?

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Member's salary for purpose of the policy

£

Total lump sum benefit claimed (if applicable)

£

Category of membership – the category the member was in as per the policy schedule. This is needed to assess the member's eligibility and ensure the correct level of benefit is being considered.

Date member joined the policy – the date the member joined the policy. This is not necessarily the date the policy was placed with Aviva. This is needed to assess the member's eligibility.

Date the member was last actively at work – the member's last working day that they were following their normal occupation, working their normal number of contracted hours and at their normal place of business (or at a location where the business needed them to travel).

Auto Enrolment date – Where membership of the policy is linked to an automatic enrolment pension, this will be either the auto enrolment or re-enrolment date.

3. Further member details, continued

Was the member's salary included in the anniversary data prior to the date of death?

Yes ☐ No ☐

If the member's salary was not included in the last renewal data, please tell us the reason for omission.

Did the member complete an Expression of Wishes Form? (If 'yes' please forward a copy with this claim form)

Yes ☐ No ☐

Members salary for the purpose of the policy – this is the salary used to calculate the benefit. The salary definition for the policy will be shown in your policy schedule.

4. Verification of death

We are able to verify the majority of UK registered deaths without requiring the need for the original death certificate to be sent to us. If you would like to take advantage of this service, please call us on 0800 158 2714 before sending the completed claim form. We will need:

- member's full name;
- member's date of birth; and
- member's address including postcode.

There are occasions where this is not possible. If any of the following have occurred, please send the original death certificate or Coroners interim certificate to us.

- Member died abroad
- Claim is submitted within 2 weeks of the death being registered
- Coroner has issued an interim certificate only

Date of death

D	D	M	M	Y	Y	Y	Y
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Cause of death (as it appears on the death certificate).

Place of death

--

Name of informant

Name (as it appears on the death certificate)

--

Relationship to deceased

--

Address

email address of informant

--

Telephone Number

--

Contact preference

Post ☐ email ☐ Telephone ☐

Original Death Certificate – when sending original documents to us, we recommend using a recorded delivery service to ensure their safe arrival.

We will return the original to you by recorded delivery. Due to Crown copyright laws, we are unable to accept a photocopy of this document.

Foreign Death Certificates – if the death occurred overseas, please ensure that the full, original death certificate is sent to us. If a translated version of the death certificate has been issued, please send this in addition to the original certificate. If a repatriation certificate has been issued, please also provide us with a copy.

Personal Representative - Is the person appointed to settle the deceased's estate.

4. Verification of death, continued

Personal Representative

Name	<input type="text"/>
Relationship to deceased	<input type="text"/>
Address	<input type="text"/> <input type="text"/> <input type="text"/>
email address of Personal Representative	<input type="text"/>
Telephone Number	<input type="text"/>
Contact preference	Post <input type="checkbox"/> email <input type="checkbox"/> Telephone <input type="checkbox"/>

Death Overseas

If the death occurred overseas, please confirm the date the visit started	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Intended return date to the UK	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
Purpose of visit	<input type="text"/> <input type="text"/>								

5. Fair Processing Notice – Group Protection

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases. This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at aviva.co.uk/privacypolicy or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the “Data Rights” section of our full privacy policy or by contacting us at dataprt@aviva.com.

If you have any concerns, please contact us in one of the ways described below.

6. Declaration

- We, the policyholder, confirm that the member held a valid contract of employment and was a member of the policy at the time of the member's death.
- We confirm that all information provided to Aviva Life & Pensions UK Limited is truthful, accurate and complete. We understand that if we don't answer all questions fully, truthfully and accurately this could affect how much is paid out on the claim and could mean the claim is not paid out at all.
- We authorise Aviva to release payment to Zedra Governance Limited [the trustees of the policy under the Aviva Registered/Excepted Group Life Insurance Trust].
- The signature below operates as a discharge of liability to Aviva Life & Pensions UK Limited in respect of the mentioned member.

Signature 1

Name

Address

Occupation

email address for
claim correspondence

Telephone Number

Contact preference

Post

email

Telephone

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature 2 (if required)

Name

Address

Occupation

email address for
claim correspondence

Telephone Number

Contact preference

Post

email

Telephone

Date signed

D	D	M	M	Y	Y	Y	Y
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Who can sign the declaration?

Please ensure an authorised person signs the claim form. If you are unsure who the authorised people are, please call us on 0800 158 2714 or email grouplifeclaims@aviva.com

The second signature will only be required, if the company's constitution or a partnership agreement determines that more than one signature is required to execute documentation.

What happens next?

Please ensure that:

- You have completed all questions, and
- You have signed and dated the declaration, and
- If applicable, a second signatory has signed and dated the declaration, and
- If applicable, you have enclosed the Original Death Certificate, and
- If applicable, you have enclosed the Expression of Wishes Form.

The email address to send your completed form to is:

grouplifeclaims@aviva.com

The postal address to send your completed form to is:

Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

If we require any further information from you, we will contact you on your preferred contact method provided.

Need this in a different format?

Please get in touch if you'd prefer this document (**GR01058 07/2023**) in large font, braille or as audio.

How to contact us:



0800 051 3472



groupprotection@aviva.com



aviva.co.uk

For your protection and ours, calls to and from Aviva may be recorded and/or monitored.

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[aviva.co.uk](https://www.aviva.co.uk)

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