

Group Life Claim Form



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

This form can also be completed on-line at aviva.co.uk/grouplifeclaim

The Trustee(s) of the Policy are responsible for the completion of this form.

Please complete the form electronically where possible and send it to grouplifeclaims@aviva.com or **Aviva 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 completing 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. Calls to 0800 numbers from UK landlines and mobiles are free of charge. Calls from outside the UK may be charged at international rates.

1. Policy details

Policy name	<input type="text"/>
Policy number(s)	<input type="text"/>
Other policies with Aviva	<input type="text"/>

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. What benefit/s is/are being claimed?

Member life insurance claim	<input type="checkbox"/>	Please complete sections 3, 4, 7 & 9
Member death in service pension claim	<input type="checkbox"/>	Please complete sections 3, 4, 6 & 9
Member Flex life insurance claim	<input type="checkbox"/>	Please complete sections 3, 4, 5, 7 & 9
Member Flex death in service pension claim	<input type="checkbox"/>	Please complete sections 3, 4, 6 & 9

Note - The types of benefit available under your policy/ies will be shown in your policy schedule/s.

Member death in service pension - These can include spouse/civil partner/dependant or children's pensions.

3. Member details

Member's first name	<input type="text"/>			
Member's surname	<input type="text"/>			
Date of birth	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Sex	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Member's address	<input type="text"/>			
	<input type="text"/>			
	Postcode <input type="text"/>			

3. Member details, continued

Category of membership

Date member joined the company

Date member joined the policy

Date the member was last actively at work

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?

Member's salary for purpose of the policy £ Total lump sum benefit claimed (if applicable) £

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 not being included.

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.

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.

Total lump sum benefit claimed – if flexible benefits are being claimed please also complete section 5.

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

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

Place of death

Death Overseas

If the death occurred overseas, please confirm the date the visit started

Intended return date to the UK

Purpose of visit (for example: leisure, business)

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

Please send to:

**Aviva Group Protection Claims
PO Box 3240
Norwich
NR1 3ZF**

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.

5. Flexible lump sum benefits

If flexible benefits are provided under this policy, please provide the following details:

Core benefit being claimed £ Flexible benefit being claimed £

On what date did the member last increase the flexible benefit? What was the value of this increase? £

If the member increased or decreased the flexible benefit following a lifestyle event, please provide details of the lifestyle event that occurred

Core benefit - this is the total benefit provided and funded by the employer.

Flexible benefit - this is the total benefit elected and funded by the member in excess of the core benefit.

Value of increase - this is the amount by which the member last increased the flexible benefit.

Lifestyle event - if the benefit was increased or decreased as a result of a qualifying lifestyle event (as detailed in the policy schedule), please provide details of what event took place and when this happened.

6. Spouse, civil partner, dependant or dependant children pension benefit claims

If more than one pension is payable or the pension is being split between more than one dependant, this section of the form should be copied and submitted for each dependant.

Dependant's first name

Dependant's surname

Dependant's address

 Postcode

Dependant's date of birth Is the dependant a smoker? Yes No

Relationship to member

Dependant's National Insurance Number

Have the following original certificate(s) been sent?

Original Birth Original Marriage Original Civil Partnership

Total annual pension being claimed £ Escalation rate (if one rate for the policy) %

Pension Splits:

Date of Pension	Amount of Pension	Escalation Rate
<i>Example Pre 6th April 1997</i>	<i>£2,750.48</i>	<i>RPI Max 5%</i>
<input type="text"/>	£ <input type="text"/>	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	<input type="text"/> %
<input type="text"/>	£ <input type="text"/>	<input type="text"/> %

Pension Payment Details

Where will the pension payments be made to? Dependant or Guardian's bank account Trustee's bank account

Annual pension amount £

Name of account

Sort code and account number

Roll number (if applicable)

Name and address of Bank or building society
 Postcode

Smoker status - this will not have any impact on the level of benefit paid.

National Insurance Number - receipt of a pension is treated as an income and therefore may be subject to income tax. The National Insurance number is required to ensure the correct level of income tax is deducted from payments made direct to the dependant.

If the dependant is a child under the age of 16 and is yet to be issued with a National Insurance number, please leave this field blank.

Original Certificates - the original birth certificate should be sent to us for each dependant. Where the dependant is a spouse or civil partner, the original marriage or civil partnership certificate should also be sent to us. When sending original documents to us, we recommend using a recorded delivery service to ensure their safe arrival.

The original certificates will be returned to you by recorded delivery. Due to Crown copyright laws, we are unable to accept photocopies of these documents.

Total Annual Pension - this is the total gross annual pension being claimed for the dependant.

Escalation Rate - the rate at which the pension benefit will increase each year.

Pension Splits and Pension Scheme

Escalation Rates - pension legislation may have resulted in different parts of the pension benefit escalating at different rates depending on when the benefit was accrued. Please confirm the escalation for each proportion of benefit so we can ensure that the correct annual increases are applied to each proportion of benefit. An example has been provided for you. The escalation rate(s) and dates for the policy will be shown on your policy schedule.

Trustee Bank Account - this is an account used by the Trustees solely for the purpose of making and receiving Group Life and/or pension payments and does not include a company's own trading account.

Pension Payments - are treated as an earned income and taxed according to the individual's circumstances. Payments made direct to the dependant will be made once any tax payable has been deducted.

Where payment is made to the Trustees, this will be done before tax and the Trustees are responsible for ensuring any tax is deducted and paid.

7. Lump sum payment details

Where will the lump sum payments be made to? Trustee's bank account Third party bank account

Claim amount £

Name of account

Is the payment going directly to a beneficiary? Yes No
If **yes**, we will require the following information.

Beneficiary's Details

Beneficiary's first name

Beneficiary's surname

Date of birth

Beneficiary's address

Postcode

Sort code and account number

Roll number (if applicable)

Name and address of Bank or Building Society
Postcode

Multiple payments – if payment is being made to more than one payee, this page should be copied and submitted for each payment.

Trustee Bank Account – this is an account used by the Trustees solely for the purpose of making and receiving Group Life and/or pension payments and does not include a company's own trading account.

Third party bank account – this means any bank account other than the Trustees own account. This includes bank accounts belonging to the beneficiary(s), Company account, solicitors and client holding accounts.

8. 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.

9. Declaration

- We, the Trustees (or appointed individual authorised to sign on behalf of the Trustees), 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 the payee(s) detailed above.
- The signatures below operate as a discharge of liability to Aviva Life & Pensions UK Limited in respect of the mentioned policy or policies.
- I am aware of the importance of reading the Group Protection Privacy Notice, which explains the most important aspects of how Personal Information is used. If I need more information, I can view the full privacy policy at www.aviva.co.uk/privacypolicy, or I can request a copy by contacting us by email at dataprt@aviva.com or writing to: **The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR.**

Who can sign the declaration?

For lump sum payments being made to the Trustees own bank account or a third party bank account and all pension payments, a minimum of one Trustee or authorised signatory must sign. For some companies, a second signatory may be required to sign documents on behalf of the company to discharge their liability under the contract. If you are unsure who the Trustees or authorised signatories are, please call us on **0800 158 2714** or email grouplifeclaims@aviva.com.

Signature 1

Name

Address

Postcode

Occupation

Email address

Contact number

Contact preference for claim correspondence

Email

Phone

Post

Date signed

Signature 2 (if required)

Name

Address

Postcode

Occupation

Email address

Contact number

Contact preference for claim correspondence

Email

Phone

Post

Date signed

What happens next?

Please ensure that:

- You have completed all applicable 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 original birth certificate for each dependant, and
- Where the dependant is a spouse or civil partner, you have enclosed the original marriage or civil partnership certificate.

Email your completed form to:

grouplifeclaims@aviva.com


or Post your completed form to:

Aviva 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 form (**GR01053 03/2024**) in large font, braille, or as audio.

 0800 158 2714

 grouplifeclaims@aviva.com

 aviva.co.uk

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