

Group Life Spouse/Partner Claim Form



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

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

The Principal Employer(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.**

All the information you give us will be treated in strict confidence.

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.

Aviva may request additional information for the validation of claims.

Guidance notes have been provided to assist you when completing this form. However, 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. Employee details

Employee's first name	<input type="text"/>									
Employee's surname	<input type="text"/>									
Date of birth	<table border="1"><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	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y			
Date employee joined the company	<table border="1"><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			
Date employee joined the policy	<table border="1"><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			

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

3. Spouse/Partner details

Spouse or Partner's first name	<input type="text"/>									
Spouse or Partner's surname	<input type="text"/>									
Date of birth	<table border="1"><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	Sex Male <input type="checkbox"/> Female <input type="checkbox"/>
D	D	M	M	Y	Y	Y	Y			
Date cover started for the Spouse/Partner under the policy	<table border="1"><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			
Total lump sum benefit claimed	£ <input type="text"/>									
Date of marriage or Civil Partnership (if applicable)	<table border="1"><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			

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:

- Spouse/Partner's full name;
- Spouse/Partner's date of birth; and
- Spouse/Partner'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.

- Spouse/Partner 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

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Death Overseas

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

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

Intended return date to the UK

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

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. Master Trust Claim

This claim is for a SPLA Master Trust Policy

Please go to section 7.

Master Trusts - If the claim is against a policy running on the Aviva Excepted Group Life Master Trust, please tick the indicator in section 5 and then move onto section 7. You can find this information on your Policy Schedule.

6. Lump sum payment details

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

Claim amount

Name of account

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

Beneficiary's Details

Beneficiary's first name

Beneficiary's surname

Date of birth

Beneficiary's address

Postcode

Sort code

Account number

Roll number (if applicable)

Name and address of Bank or Building Society

Postcode

NON-Master Trust Only - Complete this section for claims against policies **NOT** running under the Aviva Excepted Group Life Master Trust.

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.

7. 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.

8. Declaration

- We confirm that the employee held a valid contract of employment with an employer covered by the policy and was a member of the policy at the time of the Spouse/Partner's death.
- We confirm that the information provided on this form is, to the best of our knowledge and belief, true and accurate. 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.
- **For NON-Master Trust** - We authorise Aviva to release payment to the payee(s) detailed above.
- **For Master Trust** - We authorise Aviva to release payment to Zedra Governance Limited (The Trustees of the policy) where the policy runs under the Aviva Master Excepted Group Life Insurance Trust.
- The signature(s) below operate(s) 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.**

Signature 1	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Occupation	<input type="text"/>
Email address	<input type="text"/>
Contact number	<input type="text"/>
Contact preference for claim correspondence	Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/>
Date signed	<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"/>

Signature 2 (if required)	<input type="text"/>
Name	<input type="text"/>
Address	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/>
Occupation	<input type="text"/>
Email address	<input type="text"/>
Contact number	<input type="text"/>
Contact preference for claim correspondence	Email <input type="checkbox"/> Phone <input type="checkbox"/> Post <input type="checkbox"/>
Date signed	<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"/>

Who can sign the declaration?

For Master Trust - Authorised signatories of the Principal Employer, this includes those stipulated on any previously submitted Authorisation form along with Directors listed on the Companies House website. If you are unsure who the authorised signatories are, please call us on **0800 158 2714** or email grouplifeclaims@aviva.com.

For Non Master Trust - For payments being made to the Trustees own bank account or third party bank account, 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.

What happens next?

Please ensure that:

- You have completed all applicable questions, and
- You have signed and dated the declaration, and
- If applicable, you have enclosed the original death 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 document (**GR01185 03/2024**) in large font, braille or as audio.

 0800 158 2714

 grouplifeclaims@aviva.com

 aviva.co.uk

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