

Group Life

Claim form – Spouse/partner

This form is to be completed by the policyholder. Please send the completed form to Zurich at the details shown below.

Scheme name:

Scheme number:

1 Death certificate

Did the death occur overseas? (If 'Yes', please send us the overseas death certificate) Yes No

Was a Coroner's interim certificate issued? (If 'Yes', please send us the certificate as it will not appear in our online registry) Yes No

If the death occurred in the UK and a full death certificate has been issued, we may be able to validate the death over the phone, without the need to see the original certificate. Please note, the registry takes two weeks from the date the death is registered to appear online.

If you have answered 'No' to the above questions and 2 weeks have passed, please call our claims team on 0800 181 4004.

Is the certificate enclosed? ☐ Yes Reason (e.g. Coroner's certificate issued):

☐ No Reason (e.g. to be validated online):

(If provided in the post the original death certificate will be returned by recorded delivery).

2 Deceased spouse/partner details

Title: Mr Mrs Miss Ms Dr Other (please give details)

Surname:

Forename(s):

Date of birth: Postcode:

Date included in the scheme:

Fixed benefit amount:

Date of death:

Cause of death:

3 GP details

Name:

Address:

Telephone number:

4 Employee details

Title: Mr Mrs Miss Ms Dr Other (please give details)

Surname:

Forename(s):

Date of birth: Date joined company:

Date of last benefit choice (please include a schedule of benefit choice history to include choice elected and lifestyle event). Please also send us the spouse application form, your HR department should hold a copy.

Was the employee in service at the date of the spouse/dependent partner's death? Yes No

5 Trustee(s) bank details

When paying the claim, we want to make sure the funds are secure, which is why we require a dedicated trustee bank account. Therefore, please complete the Trustee bank details below.

Please also be aware that we are only able to pay into a UK bank account. If no UK account details are available, please contact our claims team on 0800 181 4004.

Name of bank:

Bank address:

Trustee(s) account name:

Account number:

Sort code:

6 Policyholder declaration

- We hereby apply for payment of the benefit(s) payable under the policy on the death of the member.
- We declare that the information given above is correct and that entitlement to the benefit(s) claimed is in accordance with the terms of the policy.

This form can only be signed by an authorised signatory. Individuals are authorised signatories if they are; an official listed on Companies House for the Trustees/Policyholder or an individual who has signed the Proposal form for the scheme or where delegated an individual who has authority to act on behalf of the Trustees/Policyholder.

This form must be printed, signed, scanned and returned to us. If you would like to sign the form online using eSignatures, please contact our claims team by email or phone.

Signature:

Date:

Print name:

Capacity:

7 Declaration and Consent from Next of Kin or Personal Representative

This consent allows Zurich to obtain medical reports after a claim is made, to verify the accuracy of the information provided.

In my capacity as Next of Kin/Personal Representative (delete as appropriate) I consent to Zurich obtaining medical information regarding the deceased, as part of their claim administration process from any of the following:

- physicians or other persons who have attended or examined the deceased; or
- any institution in which the deceased received treatment

and I authorise all such persons or institutions to disclose any information in their possession to Zurich Assurance Ltd.

I agree that Zurich may share medical and other underwriting evidence with their re-insurers if required, for the purposes of administering the claim.

Signature:

Date:

Print name:

Relationship to the deceased:

How to contact us

Please send the completed form by email to: zcr.life.claims@uk.zurich.com

Or if you prefer, please send the form via post to: Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

You can call us on: 0800 181 4004

If you have any questions regarding your rights under the Access to Health Records Act or any questions relating to the process of obtaining, assessing or storing medical information, please write to us at Zurich Corporate Risk, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

Zurich Assurance Ltd.

Registered in England and Wales under company number 02456671.

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