



# Group Life Claim Form

This form is to be completed to claim for a lump sum death benefit under one of our Group Life policies. The form can be completed on-screen or printed off and completed by hand.

You **must** complete:

Section A - Policy and contact details

Section B - Member details

Section C - Lump sum benefit detail

Section D - Policyholder declaration

If the scheme is in the Aviva Protection UK Limited Group Life Master Trust or used the Aviva Protection UK Limited Excepted Group Life Assurance Trust then don't complete any other sections. Payment will be made to Zedra Governance Limited who are the Trustees. They'll consider all relevant factors, identify and arrange payment to the beneficiaries.

If there is an employer trust in place, then you will need to complete:

Section E - Trust details

Section F - if we are to pay the trustee bank account, or

Section G - if we are to pay the beneficiaries bank accounts

In most cases we won't usually need to see the death certificate as we'll check the online register of deaths, but we will if the death occurred outside the UK or is the subject of a coroner's inquest which is still open (in the latter case, if the coroner issues an interim certificate this is an acceptable alternative to a death certificate).

If completing on-screen, please first save the form to your computer before entering any information to ensure you don't lose any inputs. Save and email the completed form to [groupclaims@protection.aviva.com](mailto:groupclaims@protection.aviva.com).

If completing by hand, please use black ink. The quickest way to send us the completed form is to scan and email it to [groupclaims@protection.aviva.com](mailto:groupclaims@protection.aviva.com).

Alternatively, it can be posted to us at:

Group Claims Team  
Aviva Protection UK Limited  
PO Box 12010  
Harlow  
CM20 9LG

When we receive the claim form, we'll check the basic details of the policy, such as ensuring the cover being claimed against is in force, and premiums are up to date. If there are any issues during this check that would delay a claim being paid, we'll contact you promptly.

If at any time you would like to contact us about any aspect of the claim, you can call our Claims Team on 0330 303 9973 or email [groupclaims@protection.aviva.com](mailto:groupclaims@protection.aviva.com).

## Section A - Policy and contact details

Policy (scheme) name	<input type="text"/>
Policy number	<input type="text"/>
Contact name	<input type="text"/>
Address for correspondence	<input type="text"/>
Telephone number(s)	<input type="text"/>
Email address	<input type="text"/>

## Section B - Member details

Title and full name				
National Insurance number				
Occupation				
Home address				
Date of birth				
Date of death				
Cause of death				
Place of death (town/postcode)				
Location where last employed (town/postcode)				
Contract type (please tick)	<input type="checkbox"/> Permanent	<input type="checkbox"/> Temporary	<input type="checkbox"/> Zero hour	
Date employment started				
Actual date of joining scheme				
If there is a difference between the 'Date employment started' and 'Actual date of joining the scheme' please let us know why				
Date last at work				

Has this member had any absences lasting longer than one week in the past three years (including the period from the date last at work until the date of death)?

Yes  No

If yes, please include details below.

Dates of absence from	To	Cause of absence

## Section C - Lump sum benefit detail

Deceased member's salary as per policy definition (£ p.a.)	
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Lump sum benefit insured (£)	
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If the policy covers flexible benefits (that is, the member can select their level of benefit from a range of options) please show the deceased member's choices in the three years preceding their death.

Date	Level of benefit selected	Was the selection made during an annual flex window or following a lifestyle event?		If a lifestyle event, please advise the type (marriage, birth of child, etc.)
		Annual window	Lifestyle event	

If the member was, on each of the dates when selections were made,

- a) actively performing their normal occupation or taking authorised leave (other than sick leave),
- b) working the normal number of hours required by their contract, either at their normal place of employment, at a location as agreed with their employer, or at a location to which they were required to travel for business,
- c) mentally and physically capable of performing all the duties normally associated with their job and in doing each of these was not acting against medical advice, please tick this box.

Or If any of the above does not apply, please give details.

## Section D - Policyholder declaration - to be signed for all claims

I declare that the information given in this form is correct and the entitlement to the benefit claimed is in accordance with the terms of the insurance contract(s).

Your name	
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Date			
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Signature	
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Capacity in which you're signing (e.g. Director/HR manager)	
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## Section E - Trust details (to be completed for all claims unless under the Aviva Protection UK Limited trust with Zedra)

Group life benefits are designed to be paid into a designated trustee bank account, set up for the trust which is separate to the company bank account.

Name of trust	
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Telephone number	
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Email address	
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Address	
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Is this a corporate trustee (the employer or professional trustee company)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Or, does the trust have individually named trustees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If you have ticked to say the Trust has individually named Trustees, please provide details of at least two named trustees. This information is required to perform money-laundering checks and the payment can't be made without these details.

Name 1	
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Date of birth			
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Address	
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Name 2	
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Date of birth			
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Address	
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## Section F - If we are to pay the trustee bank account

Complete this section only if payment is required to a trust bank account. If you require payment to a beneficiary please complete section G.

Name of Bank/Building Society	
Account name	
Account number	
Sort code	



## Section G - if we're to pay the beneficiaries bank account

This section allows for the payment of two beneficiaries, if more beneficiaries are to be paid please copy this section and complete for the further beneficiaries or use the additional information box at the end of this form to provide the details required.

First beneficiary

Beneficiary name	
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Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Account name	
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Account number	
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Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

Bank account holder's name	
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Bank account holder's address	
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Bank account holder's date of birth			
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Please specify percentage of benefit due to this beneficiary

	%
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**Additional beneficiary**

Beneficiary name	
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Beneficiary address	
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Beneficiary date of birth			
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Name of Bank/Building Society	
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Account name	
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Account number	
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Sort code	
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If the account nominated belongs to someone other than the intended beneficiary, please provide the bank account holder's name, address and date of birth below.

Bank account holder's name	
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Bank account holder's address	
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Bank account holder's date of birth			
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Please specify percentage of benefit due to this beneficiary

	%
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We, for and on behalf of the Trust, using the discretion given to us under the terms of the Trust, instruct Aviva Protection UK Limited to make payment of the life assurance claim to the beneficiary as detailed above.

We acknowledge that such a payment (together with payments made to any other beneficiaries where the benefit is apportioned to more than one) will represent full and final settlement of any and all life assurance claims in respect of the deceased scheme member detailed above and agree to indemnify Aviva Protection UK Limited against any additional losses, claims, costs and expenses as a consequence of taking instruction from the Trustees to make direct payment to the beneficiaries notified.

**Two signatures are required if the trust has individually named trustees. Where the trustee is the employer or a professional trustee company, only one signature is required unless otherwise specified in the trust rules.**

First trustee

Name			
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Date of birth			
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Address			
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Signature			
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Second trustee

Name			
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Date of birth			
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Address			
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Signature			
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If you need to add any information for which there was insufficient space, please do so below.

## Data Protection

We're the data controller of personal data and will process personal data in order to undertake any activity to handle this claim. We may share personal data with:

- our reinsurers
- Aviva group companies
- our claims service providers
- our IT service providers
- our regulators and government agencies: the Financial Conduct Authority, and HM Revenue and Customs 'HMRC'
- the member's employer and/or their advisers.

Sometimes we, or third parties acting on our behalf, may need to transfer personal information to parties located in other countries (including the USA, Philippines and India) that have data protection regimes that are different to those in the country where you're based, including countries which haven't been found to provide adequate protection for personal information by the UK Government. When making these transfers, we will take steps to ensure that your personal information is adequately protected and transferred in accordance with the requirements of data protection law. Further information regarding how we deal with personal data can be found on our website: [protection.aviva.com/privacy-policy](https://protection.aviva.com/privacy-policy)

## Support for the family

We can provide access to the following support for family members of the deceased:

### Bereavement helpline

Provides access to a completely confidential bereavement helpline designed to support people following the death of someone important to them. It provides support with managing anxiety and stress as well as access to therapy resources and referral to onward support. The service is available Monday to Friday 9am-5:30pm on 0204 579 8999 and select option 1.

### Winston's Wish

We're proud to work with Winston's Wish, a leading UK charity working to helping bereaved children get the specialist help they need when coping with grief. Information on the services Winston's Wish provide can be found at [www.winstonswish.org.uk](http://www.winstonswish.org.uk) and their helpline number is 0808 802 0021.

### Probate helpline

Our free-to-use probate helpline can help families understand the process for obtaining probate following a bereavement. Individuals have access to the telephone helpline, available Monday to Friday 9am-5:30pm, to provide them with support and guidance to navigate the potentially tricky legal, financial and tax issues resulting from a death. The service can be contacted on 0204 587 0494.

Aviva Protection UK Limited. Telephone 0345 600 6820. Registered in England and Wales. Number 6367921.  
Registered address: Aviva, Wellington Row, York, England, YO90 1WR. Aviva Protection UK Limited is  
authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the  
Prudential Regulation Authority. The registration number is 473752.

**protection.aviva.com**

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