

# DEATH CLAIM NOTIFICATION.

Please don't use this notification form if you are part of the Legal & General Mastertrust scheme. If you are part of the Mastertrust scheme, please click [here](#) for the form.

We need all the relevant fields on this form to be completed before we can make a payment. We will return the form for completion if any vital information is missing.

(Please complete in **BLOCK CAPITALS**)

1

**ABOUT THE MEMBER**

Policyholder (employer)

Deceased's surname

Deceased's forename(s)

Date of birth (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Date of death (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Place or address of death



Cause of death as shown on death certificate

Date of entry into service (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Date the deceased was last actively at work (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Reason for any absence between date last actively at work and date of death

Deceased's occupation

Location of employer where deceased was last employed

Town

Postcode

Personal status at date of death (e.g. married, civil partner, single)

National Insurance number

|                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|



You only need to complete this section if the death occurred overseas. Please ensure that you send the original death certificate along with an official translation otherwise the claim could be delayed.

Date of departure from the UK  
(DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Country where death occurred

Intended date of return to UK  
(DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Purpose of visit  
e.g. holiday/business

### LIFE ASSURANCE BENEFIT

Policy number

Date the deceased became a member  
of the scheme (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Membership category at date  
of death

Date of entry into category  
(DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

### DEPENDANTS' PENSION

Policy number

Date the deceased became a member  
of the scheme (DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Membership category at date  
of death

Date of entry into category  
(DDMMYYYY)

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|



Please tick the relevant box to tell us which original certificate you've enclosed.

We cannot accept copies as any certificates issued by a Registrar (for example, birth and death certificates) are protected by Crown copyright. This means they cannot be lawfully copied without the consent of HMSO.

Please send us an original certificate confirming the death if:

- The member died outside of the UK.
- You're sending us this form within 10 working days of the death being registered.
- Only a coroner's interim certificate has been issued.

**For most other circumstances we're able to confirm deaths without seeing the original death certificate. If we cannot, we'll ask you for the original certificate and explain why it's needed.**

#### For Dependants' Pension, we need the following:

Birth certificate of **each** beneficiary, including children, if more than one.

Certificate of marriage/civil partnership (if the birth name on the certificate is different from that on the beneficiary's birth certificate, additional documentation should be enclosed, e.g. previous marriage certificate(s), deed poll)

Confirmation of financial dependency (if applicable)

**If the beneficiary is not the Spouse/Registered Civil Partner or a Child (aged under 18) of the deceased, confirmation of financial dependency in the form of a statement signed by the policyholder is required.**

The benefit being claimed must be in accordance with the contract(s) of insurance. The policyholder should make sure that the deceased was eligible and that, where earnings related, the benefit claimed is calculated in accordance with the definition of Scheme Earnings agreed for insurance purposes. If this is the first claim under the policy or the Trustee bank details have changed, please provide the bank details on the policyholder's headed paper.

Life assurance benefit scheme earnings

At date of death

£

At Annual Renewal Date prior to date of death

£

Amount claimed

£

Basis of calculation

Sort code

|                      |                      |   |                      |                      |   |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

Trustee's bank account number

Trustee's bank account name



Please photocopy this page or download the relevant form from our website if you're claiming benefit for more than one dependant.

Name of dependant

Address

Postcode

National Insurance number

|                      |                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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"/> |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Relationship to deceased

Dependant's pension scheme earnings

£

Amount claimed

£

Basis of calculation

Pension increase rate and, if separate rates apply to different portions of pension, the rate applicable to each e.g. £560.40 @ 3%.

£

@

%

£

@

%

£

@

%

£

@

%

As an alternative option, if you would like us to provide you with a figure to take the value of the dependant's pension as a cash sum, please tick here

Sort code

|                      |                      |   |                      |                      |   |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|

Dependant's bank account number

Dependant's details for payment

## 5 DECLARATION AND UNDERTAKING BY POLICYHOLDER

The benefit claimed should be payable in accordance with the contract(s) of insurance. The policyholder should make sure the deceased was eligible and that, where earnings related, the benefit claimed is calculated in accordance with the definition of scheme earnings agreed for insurance purposes.

Signature

Date (DDMMYYYY)

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|

Name

Capacity in which signing e.g. Trustees, Scheme Administrator

## 6 IMPORTANT INFORMATION



It's important that this form is completed in full otherwise there could be a delay with the claim. To help you, we've included the below checklist to make sure you've completed all the sections we need. Please make sure you can tick each section before the form is sent to us.

| LUMP SUM ONLY  | DEPENDANTS AND ORPHANS PENSION<br>(please also ensure that the lump sum boxes are ticked) |
|--|---|
| Claim form fully completed <input type="checkbox"/>                              | Dependant's bank details (if applicable) <input type="checkbox"/>                         |
| National Insurance number provided <input type="checkbox"/>                      | Original marriage/civil partnership certificate (if applicable) <input type="checkbox"/>  |
| Policy number provided <input type="checkbox"/>                                  | Original birth certificate for each dependant <input type="checkbox"/>                    |
| Scheme details provided <input type="checkbox"/>                                 | Trustee confirmation of financial dependency (if applicable) <input type="checkbox"/>     |
| Original death certificate (see 2) <input type="checkbox"/>                      | Amount claimed <input type="checkbox"/>   |
| Trustee bank details provided <input type="checkbox"/>                           | Basis of calculation <input type="checkbox"/>   |
| Scheme earnings provided <input type="checkbox"/>                                |   |
| Declaration signed by trustees/<br>scheme administrator <input type="checkbox"/> |   |



Occasionally we may ask for more details, for example medical or attendance records.

## CONTACT US



**0845 072 0758** We may record and monitor calls. Call charges will vary.



**01737 375 955**



groupprotection.benefitsmanagement@landg.com  
legalandgeneral.com/workplacebenefits



**Group Protection, Legal & General Assurance Society Limited**  
Legal & General House, St Monica's Road, Kingswood, Tadworth, Surrey KT20 6EU

**Legal & General Assurance Society Limited**  
Registered in England and Wales No. 00166055  
**Registered office:** One Coleman Street, London EC2R 5AA

We are members of the Association of British Insurers.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.