



Life Claim Form

If you have any questions regarding completion of the form or the submission process,



call us on 0117 916 4460



or visit <http://documents.canadalife.co.uk/faq-guide-to-making-a-group-life-assurance-claim.pdf>

Please complete in accordance with the Policy.

Please return the fully completed claim form and any supporting documents to:



Life Claims Team, Canada Life Limited,
3 Rivergate, Temple Quay, Bristol BS1 6ER.



or e-mail to groupclaimlife@canadalife.co.uk

1 Employer's details

POLICYHOLDER NAME (Principal Employer – Company Name)

1

EMPLOYER'S NAME (If different from above)

2

GROUP POLICY NUMBER

3

Helpful Hints

- 1 The Company specified on the trust deed as Principal Employer.
- 2 Any employer associated with the Principal Employer must be listed on the trust deed and covered by the policy.
- 3 As specified on the policy document.

2 Deceased member's details – please fully complete for all claims

FULL NAME OF MEMBER

MAIDEN NAME (If applicable)

TITLE

DATE OF BIRTH

OCCUPATION

PLACE OF WORK POSTCODE

3 Proof of death

CAUSE OF DEATH (As shown on the Death Certificate)

1

DATE OF DEATH

WE WILL NOT CONSIDER A CLAIM SUBMITTED LATER THAN TWO YEARS AFTER THE DATE OF DEATH.

HOME ADDRESS

2

POSTCODE

Helpful Hints

- 1 In most cases, we will be able to verify the death without sight of the death certificate by using an online death registry.
The online death registry only records UK deaths where no Coroner's investigation is required and the full death certificate has been issued for at least two weeks.
- 2 Only required for verification of a death.

HOWEVER, PLEASE ENCLOSE AN ORIGINAL CERTIFICATE IF ANY OF THE FOLLOWING APPLY:

A

The Coroner has only issued an interim certificate.
Please send the original Coroner's Certificate.

B

The death occurred outside the UK.
Please ensure that the 'Death occurring outside the UK' section is completed.

C

The claim has been submitted within two weeks of the registration of death.





4 Death occurring outside the UK

DATE OF DEPARTURE FROM THE UK INTENDED DATE OF RETURN TO THE UK

COUNTRY

REASON OVERSEAS (holiday/business travel/residence)

PLACE OF DEATH

HAS THE DECEASED BEEN REPATRIATED TO THE UK? **1**

Yes No

PLEASE ENSURE THAT THE ORIGINAL DEATH CERTIFICATE IS PROVIDED ALONG WITH AN OFFICIAL ENGLISH TRANSLATION IN CASES WHERE NO UK DEATH/CORONERS CERTIFICATE HAS BEEN ISSUED

Helpful Hints

1 Repatriation is where the deceased member has been returned to the UK for burial/cremation. Official documents from the UK Government will confirm this.

CALL US TO DISCUSS FURTHER

5 Cover details

EMPLOYMENT START DATE **1**

DATE JOINED PENSION SCHEME (if applicable) **2**

DATE THE MEMBER WAS FIRST COVERED FOR GROUP LIFE BENEFITS, IF DIFFERENT FROM EMPLOYMENT START DATE **3**

DATE INCLUDED WITHIN THE CANADA LIFE GROUP POLICY

DATE THE MEMBER LAST MET OUR ACTIVELY AT WORK CONDITIONS **4**

SCHEME SALARY APPLICABLE AT DATE MEMBER LAST MET OUR ACTIVELY AT WORK CONDITIONS **5**

SCHEME SALARY APPLICABLE AT DATE OF MEMBER'S DEATH **5**

CATEGORY FOR COVER **NOTED IN YOUR POLICY DOCUMENT AS 001, 002, 003 ETC.**
(Please call us if you require a copy of this)

BENEFIT CALCULATION (e.g. amount of multiple scheme salary or fixed benefit) **PLEASE REFER TO YOUR LATEST POLICY DOCUMENT**

AMOUNT OF LUMP SUM BENEFITS BEING CLAIMED

COMMENTS e.g. IF ABOVE DATES DIFFER OR IF SCHEME SALARY HAS INCREASED/CHANGED FROM THE ACTIVELY AT WORK DATE, PLEASE GIVE REASONS

Helpful Hints

1 If the member was included due to tupe/change in contract, please provide start date of continuous employment.

2 Only required where cover/benefits are linked to a pension scheme.

3 Any insurance policy of the employer that provided group life benefits.

4 Our actively at work conditions are that the Member:

- Was present at their place of work.
- Had not received medical advice to refrain from work.
- Had been mentally and physically capable of performing fully the normal regular duties associated with the job they were engaged to do.
- Had been working their normal contracted number of hours, either at their normal place of business or at a place that the business requires.

5 Scheme salary as defined in the policy.

If the member was on long-term sick, Scheme Salary should NOT be based on the amount of Income Protection benefit.

If a member had been granted a temporary leave of absence from work, any increases in his/her salary will be limited to the lesser of:

- the general level of increases in basic salaries or wages awarded by the member's employer

OR

- the increases in the Average Weekly Earnings Statistic, published by the UK Office for National Statistics.



6 Payment details for lump sum and Trustee details for any pension payments

PAYMENT SHOULD BE MADE TO A DEDICATED TRUSTEE BANK ACCOUNT. IF THE TRUSTEES REQUIRE PAYMENT DIRECTLY TO THE BENEFICIARIES, PLEASE ARRANGE FOR COMPLETION OF THE AUTHORISATION AND DISCHARGE DOCUMENT WORDING BELOW.

SELECT ONE OPTION ONLY

A TO THE TRUSTEE BANK ACCOUNT

ONLY COMPLETE WITH THE DEDICATED TRUSTEE BANK ACCOUNT DETAILS. IF IN DOUBT PLEASE CALL OUR LIFE CLAIMS TEAM ON 0117 916 4460.

FULL TRUSTEE ACCOUNT NAME (Not a company account)

NAME OF BANK

BRANCH

SORT CODE

ACCOUNT NUMBER

Helpful Hints

- 1 This should mirror the scheme name on the Trust Deed.
We will not accept a Company account.
This is not applicable for Master Trust.

B VIA CANADA LIFE GROUP LIFE MASTER TRUST

ONLY APPLICABLE IF THE SCHEME IS SET UP UNDER MASTER TRUST. AN ADDITIONAL MASTER TRUST FAMILY INFORMATION FORM WILL BE REQUIRED. PLEASE CONTACT THE LIFE CLAIMS TEAM ON 0117 916 4460.

C DIRECT TO THE BENEFICIARY

PLEASE COMPLETE THE AUTHORISATION AND DISCHARGE SECTION BELOW.

Payment will only be made direct to the beneficiaries over the age of 18, as agreed by the trustees of the scheme. We do not pay to the estate of the deceased, or to a trust account, if this is not the trust used for creation of the group life policy.

Canada Life will normally pay up to a maximum of three separate beneficiaries.
To discuss please contact our Life Claims Team on 0117 916 4460.

AUTHORISATION AND DISCHARGE

WE, AS TRUSTEE OF THE (Full scheme name, not company name)

(hereinafter called "the Scheme") hereby declare that in exercise of the discretion invested in us under the Rules of the Scheme and in accordance with the duties vested in us under the Scheme, we request and authorise Canada Life Limited to pay the sums detailed below (being in total the lump sum benefit due under the Policy.

in respect of the death of the said

NAME OF THE BENEFICIARY

NAME OF THE BENEFICIARY

RELATIONSHIP TO THE DECEASED

RELATIONSHIP TO THE DECEASED

AMOUNT

AMOUNT

UK ACCOUNT NAME

UK ACCOUNT NAME

UK SORT CODE

UK ACCOUNT NUMBER

UK SORT CODE

UK ACCOUNT NUMBER

UK BUILDING SOCIETY ROLL NUMBER (if applicable)

UK BUILDING SOCIETY ROLL NUMBER (if applicable)

NAME OF BANK AND BRANCH

NAME OF BANK AND BRANCH

Helpful Hints

- 1 This should mirror the scheme name on the Trust Deed.
We will not accept a Company account.
This is not applicable for Master Trust.

by means of a bank transfer to the persons detailed in the accounts as below.

Helpful Hints

- 2 The beneficiary must be a charity or someone over age 18, with a UK Bank Account.
- 3 The total amount must match the amount being claimed.

IF A BENEFICIARY IS UNDER 18, OVERSEAS, OR IF THERE ARE MORE THAN TWO BENEFICIARIES, PLEASE CALL US ON 0117 916 4460.

It is confirmed that the payment of benefits as aforesaid is in accordance with the provisions of the Scheme and we are satisfied that all necessary authorisations are in place and that the payment is in compliance with any applicable laws and regulations.

In consideration for this transfer, the payment made shall discharge Canada Life Limited from its obligations to make payments under the Policy in relation to such benefit. For the avoidance of doubt, this release shall not prevent you from bringing any claim for any act or omission by Canada Life Limited that is not related to Canada Life's obligation to make payments under the policy.



7 Details of spouse, civil partner or dependant

THIS SECTION ONLY NEEDS TO BE COMPLETED IF A SPOUSE, CIVIL PARTNER, DEPENDANT OR CHILDREN'S PENSION IS BEING CLAIMED.

FULL NAME OF SPOUSE, CIVIL PARTNER OR DEPENDANT

TITLE

DATE OF BIRTH

NATIONAL INSURANCE NUMBER

HOME ADDRESS

POSTCODE

BASIS OF CALCULATION OF PENSION i.e. 25% of salary; 1/3 of salary; 50% prospective pension

ANNUAL AMOUNT PAYABLE ON THE MEMBER'S DEATH IN ACCORDANCE WITH THE POLICY

If the annual amount payable is based upon a prospective pension, please provide a break down of the calculations below. Use a separate sheet if necessary. If the annuitant is more than ten years younger than the deceased, the pension may be reduced. Please refer to the Policy.

CALCULATIONS

Please provide the amount and escalation below. If there are different levels, please provide each level of escalation and the amount of pension for that level of escalation.

LEVEL OF ESCALATION e.g. Nil, RPI, LPI, 5%

AMOUNT OF PENSION

(NB: The pension amounts must equal the total annual amount of pension provided above)

DETAILS OF ANY QUALIFYING CHILDREN UNDER THE AGE OF 23 WHERE CHILDREN'S OR ORPHAN'S BENEFITS ARE PAYABLE.
IF NONE, PLEASE STATE NONE

FULL NAME	DATE OF BIRTH	CHILD'S ANNUAL PENSION	NI NUMBER (IF AGE 16+) AND HOME POSTCODE	
			NI	PC
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text" value="DD / MM / YYYY"/>	<input type="text" value="£"/>	<input type="text"/>	<input type="text"/>

If a child's pension is to be paid to an adult instead of a trust, an additional authority form will need to be completed.

Please ring the Life Claims Team on 0117 916 4460

PLEASE PROVIDE

The original birth certificate of spouse/child.
Please tick the appropriate box.

Enclosed

To follow

AND (if applicable)

The original civil partnership/marriage certificate.
Please tick the appropriate box.

Enclosed

To follow



8 Bank details for payment of pension

HOW IS THE PENSION TO BE PAID?

GROSS TO TRUSTEES

(Please complete below and Trustee bank details on page 3)

OR

NET TO DEPENDANT OR GUARDIAN

(if child's pension is paid to an adult an additional form will be required)

(Please complete below)

FULL NAME

ACCOUNT NAME

NAME OF BANK

BRANCH

BANK SORT CODE

ACCOUNT NUMBER

BUILDING SOCIETY ROLL NUMBER (if applicable)

WE, THE TRUSTEES OF THE GROUP POLICY, HEREBY REQUEST AND AUTHORISE CANADA LIFE LIMITED TO ACT AS OUR AGENTS IN PAYING PENSIONS ARISING UNDER THE SAID POLICY ON THE DEATH OF THE MEMBER NAMED IN THE MANNER DETAILED ABOVE.

9 Data Protection Statement

Canada Life Limited takes its privacy obligations very seriously.

Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member will be treated in accordance with the Data Protection Act.

By signing this form you agree to us using, processing and sharing the personal information (including special categories of personal data) provided to us for the purposes described on the next page.

For employer-related group insurance products the Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use personal data for marketing purposes. Please see the Data Protection Notice for full details.

10 Declaration

TO BE COMPLETED BY A TRUSTEE OR AN AUTHORISED SIGNATORY OF THE SCHEME. FOR CONFIRMATION OF THE AUTHORISED SIGNATORIES HELD ON OUR RECORDS, PLEASE CALL OUR LIFE CLAIMS TEAM ON 0117 916 4460.

We hereby apply for payment of the benefit(s) described above. We declare that the deceased was a Member of the Scheme on the date of death and that the particulars set out above are correct to the best of our knowledge and belief. We agree that the payment of a benefit in accordance with our instructions will constitute a full discharge of the liability of Canada Life and Trustee Solutions Ltd (where appropriate) under the Policy in respect of that benefit. Where the benefits claimed include a dependant's benefit, we confirm that the recipient of that benefit was dependant on the member.

I confirm that I am a Trustee/Authorised Signatory of the Scheme and agree the beneficiary account details are correct where payment is to be made by Authorisation and Discharge (see page 3).

SIGNATURE

This must be an original signature.

DATE (day, month, year)

PRINT FULL NAME

CAPACITY OF TRUSTEE/SIGNATORY

Helpful Hints

- 1 Refer to the Trust Deed to determine who is trustee.
If Canada Life does not have a copy of your signature on file, we will require an Authorised Signatory form to be completed.

Our forms are available to download from our website: www.canadalife.co.uk/group

Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000

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GRP70 - 518R



Canada Life
Group Insurance



DATA PROTECTION NOTICE (DPN)

Canada Life Limited (referred to as '**Canada Life**', '**we**', '**us**' or '**our**' in this DPN) takes its privacy obligations very seriously. Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as '**you**' or '**your**' in this DPN), will be treated in accordance with the Data Protection Act.

Using Personal Information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use underwriting software to process some applications and quotations which will use an element of automated decision making.

Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

For employer-related group insurance products

The Data Protection Act permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absentees, current and previous claimants, and medical underwriting decisions).

For employer-related group products the Data Protection Act permits that members may individually withdraw their consent. In those instances Canada Life will be unable to provide cover for that individual.

When medically underwriting or assessing a claim we will obtain consent from the employee.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC), Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent except as described in the next bullet point. This includes your employer, spouse, other relatives, friends or your legal or financial adviser. In some circumstances, it may be appropriate to advise your employer about your medical information, for example, to recommend alternative supportive therapy. However, we will seek your consent in such circumstances;
- for employer-related products and services only, some medical information related to underwriting decisions and non-medical information about you necessary for lawful policy and claim administration purposes will be shared with your employer;
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or financial adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud based services), which can require transfers of personal information outside of the EEA. In doing so, we ensure that there are appropriate contractual arrangements and we will choose only those organisations with strict controls in place, via appropriate organisational and technical measures in place to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated.

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime), our interests (e.g. the maintenance of our legal responsibilities) and for the performance of our contract with an employer who is the policyholder for employer-related products and services.

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

**Canada Life Limited, Group Insurance,
3 Rivergate, Temple Quay, Bristol, BS1 6ER
or by email at: dpo@canadalife.co.uk.**

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose address is:

**Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow Cheshire, SK9 5AF**

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling **0345 223 8000**.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.