

# Group Life Insurance

## Claim Form



### To be completed by a Trustee or an Authorised Signatory of the Scheme.

If the Principal Employer is the Trustee this should be completed by a registered officer of the company. For confirmation of the Authorised Signatories held on our records, please call our life claims team on 0117 916 4460.

### If you have any questions

Call us  
0117 916 4460



Visit



If you have any questions regarding the completion of the form or the submission process, please call us.

<http://documents.canadalife.co.uk/life-claims-guide-gla-how-it-works.pdf>

## 1 Employer details

Principal Employer – Company Name

1

Employer of the deceased (If different from above)

2

Group policy number

3



- 1** The Company specified on the trust deed as Principal Employer or the company that arranged cover under the Canada Life Group Life Master Trust.
- 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

Title (optional) Full name of member

Previous name (if applicable)

Date of birth (day, month, year)

Occupation

Place of work postcode

Group Life Insurance

Claim Form (to be completed by a Trustee or Authorised Signatory of the Scheme).

3

Proof of death

Cause of death (As shown on the Death Certificate, if issued). Please complete.

1

-

-

We will not consider a claim submitted later than two years after the date of death.

Home address

2

Postcode

+

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 does not include cause of death.  
  
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

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

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

+

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.

# Group Life Insurance

## Claim Form (to be completed by a Trustee or Authorised Signatory of the Scheme).

**5**

### Cover details

Employment start date

 -  - **1**

Date the member was first covered for group life benefits, if different from employment start date

 -  - **2**

Date included within the Canada Life group policy

 -  - **3**

Date joined pension scheme (if applicable)

 -  - **4**

Date the member last met our actively at work conditions

 -  - **5**

If the member did not join the scheme when first eligible, please provide full details/explanation

Scheme salary applicable at date member last met our actively at work conditions

 £ **6**

Scheme salary applicable at date of member's death

 £ **6**

If scheme salary has increased/changed from the actively at work date, please give reasons

Category name or eligibility e.g. directors

**7**

Amount of lump sum benefits being claimed

 £

Benefit calculation (e.g. amount of multiple scheme salary or fixed benefit)

**8**

Is a spouse, civil partner, dependant or children's pension being claimed?

Yes No

If Yes, please complete this additional form

**1** If the member was included due to tupe/ change in contract, please provide start date of continuous employment.**2** Any insurance policy of the employer that provided group life benefits.**3** This date information must be completed.**4** Only required where cover/benefits are linked to a pension scheme.**5** Our actively at work conditions are that the Member:

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

**6** 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:

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

**OR**

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

**7** Noted in your policy document. (Please call us if you require a copy of this).**8** Please refer to your latest policy document.

<https://documents.canadalife.co.uk/claim-form-supplementary-death-in-service-pension.pdf>

# Group Life Insurance

## Claim Form (to be completed by a Trustee or Authorised Signatory of the Scheme).

6

### Payment details for lump sum

#### Select one option only

A

##### To the Trustee bank account

Only complete with the dedicated trustee bank account details.

Full Trustee Account name (Not a company account)

1

Bank name

Branch

Bank sort code

 -  - 

Account number

       

B

##### Via Canada Life Group Life Master Trust/Excepted Solution Trust

Only applicable if the scheme is set up under the Canada Life Group Life Master Trust or Excepted Solution Trust and Rules. An additional Family Information Form will be required.

<https://documents.canadalife.co.uk/family-information-form-master-trust.pdf>

The completion of this form is requested in order to provide the Trustee with information about the deceased member and their personal circumstances. This information will be used to assist the Trustee in deciding to who and in what proportions any benefits should be paid.

The completed form will be sent to the Trustee, who may contact the individuals for whom information has been provided, as part of their decision.

The trustees will also require, a copy of the death certificate, a copy of any marriage certificate where applicable, a copy of any expression of wish form and Will completed by the member.

C

##### Direct to the beneficiary

(Not applicable for Canada Life Group Life Master Trust/Excepted Solution cases).

All requests for direct payment will be at the discretion of Canada Life. We can make payment to individuals with a UK bank account and UK registered charities. We will also consider payments to multiple beneficiaries, UK solicitors representing beneficiaries, payments overseas, child bank accounts with a parent/legal guardian signatory and to child trusts but please contact us to discuss. We do not make payments to the estate of the deceased, to a company account, charitable organisation not registered in the UK, direct to someone under age 18 or to other trust accounts.

Please only complete the following section where there are up to 2 beneficiaries who are over 18 with a UK bank account. For all other situations please contact the Life Claims team on **0117 916 4460** and we will provide specific authorisation & discharge wording which will need to be supplied on principal employer company headed paper to allow us to make payment.

#### Important information

+

1

This should mirror the scheme name on the Trust Deed. We will not accept a Company account. This is not applicable for the Canada Life Group Life Master Trust / Excepted Solution cases.

# Group Life Insurance

## Claim Form (to be completed by a Trustee or Authorised Signatory of the Scheme).

6

Payment details for lump sum – continued

### Authorisation and Discharge

We, as Trustee of the (Full scheme name, not company name)

1

(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

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

Name of the beneficiary

Name of the beneficiary

Relationship to the deceased

2

Relationship to the deceased

2

Amount

3

Amount

3

UK account name

4

UK account name

4

UK Bank sort code

 -  - 

UK Bank sort code

 -  - 

UK Account number

UK Account number

UK Building Society roll number (if applicable)

UK Building Society roll number (if applicable)

Bank name and branch

Bank name and branch

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.



1

The Full scheme name should mirror the scheme name on the Trust deed and the Policy document. Please call if unsure of the name as this needs to be exact.

2

The beneficiary for this form must be someone over 18 with a UK bank account. Contact us for different situations.

3

The total amount must match the amount being claimed.

4

Name of the person who holds the account as it appears on their bank details.

# Group Life Insurance

## Declaration (to be completed by a Trustee or Authorised Signatory of the Scheme).

### Data Protection Statement

Canada Life Limited takes its privacy obligations very seriously.

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

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 data 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 overleaf for full details.

### 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.**

By signing the declaration below, you confirm that you agree to us using, processing and sharing the personal data (including special categories of personal data) provided to us for the purposes set out in the Data Protection Statement and Data Protection Notice shown overleaf.

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.

**I/we confirm that I am a Trustee/Authorised Signatory of the Scheme. I/we confirm that the beneficiary(ies) has been identified and verified, and agree that the beneficiary(ies) account details are correct, where payment is to be made by Authorisation and Discharge (see page 5).**

### How to return your form

#### By post

Life Claims Team, Canada Life Limited,  
Canada Life Place, Potters Bar, Hertfordshire EN6 5BA.



Please return the completed claim form.

#### By email

grouplifeclaims@canadalife.co.uk



Scanned or photographed images of the completed form can be emailed.

#### Call us

0117 916 4460



If you have any questions regarding the completion of the form or the submission process, please call us.

Signature

1

Date (day, month, year)

 -  - 

Print full name

Capacity of Trustee/Signatory

1

Refer to the Trust deed to determine who is the trustee.

Most trusts are based on a corporate trustee so the principal employer will be the trustee and the signatory can be any authorised person e.g. MD, CEO, Director etc.

If cover provided under the Canada Life Group Life Master Trust, then the form should be signed by an authorised signatory of the company which took out the cover.

**The form must be completed with a name in the signature box by a trustee/authorised signatory which can be an electronic signature.**

**We can accept a scanned copy of the claim form.**

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# Group Life Insurance

## Data Protection Notice

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You may interact with Canada Life Limited (referred to as ‘**Canada Life**’, ‘**we**’, ‘**us**’ or ‘**our**’ in this DPN) in any one (or more) of the following capacities: as data controller, a policyholder, joint policyholder, employer policyholder, trustee, insured person, professional adviser, beneficiary, next of kin, personal representative, executor claimant, or member. No matter which capacity you interact with Canada Life, you will be referred to as ‘you’ or ‘your’ in this DPN. Any personal data about yourself (provided by you or about you by another party) or which you provide about someone else will be treated in accordance with the applicable laws and regulations in any relevant jurisdiction relating to privacy or the use or processing of personal data; Canada Life takes its privacy obligations very seriously.

By signing this form you consent to Canada Life using and sharing your personal data as set out in this notice including, without limitation, the processing of special category personal data.

If submitting personal data about another person, by signing this form you confirm that you have their consent to provide such information to Canada Life and for their information to be used as set out in this notice.

### Using Personal Data

We use personal data 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 and we do not make your personal data 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 data 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 DPA permits appropriate information about employees to be provided by an employer to an insurer without individual consent (including details of long-term absences, current and previous claimants, and medical underwriting decisions).

For employer-related group products the DPA 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 data

We share personal data 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 professional 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 professional 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 data outside of the EEA. In doing so, we will ensure there are contractual arrangements in place with those organisations who have appropriate organisational and technical measures to protect your personal data.

### 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.

### Post Brexit – UK departure from the European Union

On 31 January 2020 the UK left the European Union (‘EU’), ceasing to be a member. EU law requires that all entities processing the data of EU citizens that are not established in the EU designate in writing a Representative in the EU to be addressed in addition to or instead of that entity by EU citizens on all issues related to data processing. In order to meet our requirements, each Canada Life entity listed above which processes the personal data of EU citizens has designated Canada Life Irish Holding Company Limited, an Irish registered entity within the Canada Life group, as its Representative. The Representative may also be called upon to cooperate with competent supervisory authorities with regard to ensuring compliance with the General Data Protection Regulation (‘GDPR’).

Contractual clauses in place between Canada Life and its group entities  
Contractual clauses in place between Canada Life and its group entities and external suppliers are compliant with the GDPR, which ensures that personal data provided to Canada Life is processed in accordance with our instructions and the requirements of the GDPR. Canada Life will continue to follow and apply all appropriate data protection legislation including that provided by the UK Government and the Information Commissioner’s Office (ICO) with regards to data protection.

# Group Life Insurance

## Data Protection Notice

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### 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 data or your special categories of data;
- provide you with a copy of the personal data that you have provided to us or which we hold;
- update any inaccuracies in the personal data we hold;
- delete any special category of data or personal data for which we no longer have lawful grounds to use;
- cease processing of your personal data 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 data 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 data, you should first contact our DPO, on the details below:

**Canada Life Limited,  
Canada Life Place,  
Potters Bar,  
Hertfordshire EN6 5BA**  
or by email at: [dpo@canadalife.co.uk](mailto: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](http://www.canadalife.co.uk) or is available upon request by calling **0345 223 8000**.

This DPN is dated 1st May 2021. Any future updates will be made available as described above.



# Group Life Insurance

## Support Services

### More than just a financial benefit

At Canada Life, we believe insurance is about much more than just a financial benefit. So we provide you with a comprehensive set of Support Services\*, included with your cover at no extra cost<sup>1</sup>.

### Bereavement Counselling



Bereavement Counselling gives people time and space to talk about their feelings following a bereavement. It provides unlimited access to a 24/7 helpline and up to four sessions with a qualified counsellor.

#### Who can use it?

+ Available to all UK-based employees of your company or the immediate family of a deceased member<sup>2</sup>

#### How to access?

Access the Bereavement Counselling service by calling **0800 912 0826** any time of the day or night.<sup>3</sup>  
You can also visit [www.canadalife.co.uk/group/bereavementcounselling](http://www.canadalife.co.uk/group/bereavementcounselling)

### Probate Helpline



The Probate helpline provides access to probate experts covering family disputes, validity of wills, power of attorney and obtaining probate. The Helpline is available Monday to Friday 8am to 8pm, except bank holidays.

#### Who can use it?

+ Available to all UK-based employees of your company or the immediate family of deceased member<sup>4</sup>

#### How to access?

Access the Probate Helpline service by calling **0808 164 3079**<sup>5</sup>  
You can also visit [www.canadalife.co.uk/group-insurance/group-life-assurance/probate-helpline](http://www.canadalife.co.uk/group-insurance/group-life-assurance/probate-helpline)

**For full details of our Support Services please go to:**



[www.canadalife.co.uk/group-insurance/support-services](http://www.canadalife.co.uk/group-insurance/support-services)

1 Free for all service users as the Support Service costs are absorbed with the Group Life Insurance premium.

2 Spouse, partner, registered civil partner, parent, sibling, child over 16 or carer.

3 You will be asked which company you work for.

4 Immediate family includes any spouse, partner, registered civil partner, parent, sibling, child over 16 or carer. Also includes anyone dealing with the deceased member's estate.

5 You will be asked which company you work for.

\*These services are non-contractual benefits provided through Canada Life and can be altered or withdrawn at any time.

**This page should be retained for your reference**

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