

Group Life for Police, Fire & Rescue Services Claim Form



This form should be completed when making a claim under a Group Life Policy.

The Trustee(s) of the Policy are responsible for the completion of this form.

Please complete the form electronically where possible, but however you choose to complete the form please send this to grouplifeclaims@aviva.com or Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

It's important that you answer all the questions on this claim form fully, truthfully and accurately. If you don't answer all the questions fully, truthfully and accurately this could mean we won't pay your claim at all.

If you require any assistance with this form or the completion of this form, please contact us at grouplifeclaims@aviva.com or on 0800 158 2714.

For security and administration, calls to and from Aviva may be monitored and/or recorded.

1. Policy Details

Policy name

Policy number(s)

Other policies with Aviva

Other Policies with Aviva

– if the death certificate or other supporting claim documentation has been sent to, or is required by another part of Aviva, we may be able to share this information with them and speed up any claims that are being processed.

2. Member Details

Member's forename(s)

Member's surname

Date of birth

Gender

Male

Female

Member's address

Postcode

Category of membership

Date member joined the service

Date member joined the policy

Date the member was last actively at work

Date member retired (if applicable)

If not actively at work on date of death, please provide the reason for absence

Is the claim in respect of terminal illness diagnosis?

Yes

No

Category of membership

– as per the policy schedule. This is needed to assess eligibility and ensure the correct level of benefit is being considered.

Date member joined the policy – the date the member joined the policy. This is not necessarily the date the policy was placed with Aviva. This is needed to assess the member's eligibility.

Date the member was last actively at work – the member's last working day that they were following their normal occupation, working their normal number of contracted hours and at their normal place of business (or at a location where the business needed them to travel).

3. What benefit is being claimed?

Partner claim

Please go to section 4

Dependant child claim

Please go to section 5

Member life insurance claim

Please go to section 6

Member terminal illness claim

Please go to section 7

Terminal Illness Claims

– if this benefit is available, it will be shown on your policy schedule. If a claim is made for this benefit, the member (or their power of attorney) should also complete a Terminal Illness claim form. If you require a Terminal Illness Claim form, please contact us at grouplifeclaims@aviva.com or on 0800 158 2714.

4. Partner Claim

Only to be completed if claim is in respect of a partner covered under the policy.

Partner's forename(s)

Partner's surname

Date of birth

Gender Male

Female

Date of marriage or civil partnership (if applicable)

When did the partner join the policy?

Is the claim in respect of terminal illness diagnosis? Yes

No

If no, please go to section 6

If yes, please go to section 7

5. Dependant Child Claim

Only to be completed if claim is for a Child death grant.

Child's forename(s)

Child's surname

Date of birth

Gender Male

Female

Child death grant claims

– if this benefit is available, it will be shown on your policy schedule

6. Verification of death

We are able to verify the majority of UK registered deaths without the need for the original death certificate to be sent to us. If you would like to take advantage of this service, please call us on 0800 158 2714 before sending the completed claim form. We will need the deceased's:

- full name;
- date of birth; and
- address including postcode.

There are occasions where this is not possible. If any of the following have occurred, please send the original death certificate or Coroners interim certificate to us.

- Death happened abroad
- Claim is submitted within 2 weeks of the death being registered
- Coroner has issued an interim certificate only

Date of death

Cause of death (as it appears on the death certificate).

Place of death

Death overseas

If the death occurred overseas, please confirm the date the visit started

Intended return date to the UK

Purpose of visit

Original death certificate

– when sending original documents to us, we recommend using a recorded delivery service to ensure their safe arrival.

We will return the original to you by recorded delivery. Due to Crown copyright laws, we are unable to accept a photocopy of this document.

Foreign Death Certificates

– if the death occurred overseas, please ensure that the full, original death certificate is sent to us. If a translated version of the death certificate has been issued, please send this in addition to the original certificate. If a repatriation certificate has been issued, please also provide us with a copy.

7. Payment Details

Where will the payment be made to?	Trustee's bank account	<input type="text"/>	Third party bank account	<input type="text"/>							
Claim amount	<input type="text" value="£"/>										
Name of account	<input type="text"/>										
Sort code and account 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"/>
Roll number (if applicable)	<input type="text"/>										
Name and address of Bank or Building Society	<input type="text"/>										
	<input type="text"/>										
	Postcode										

Multiple payments – if payment is being made to more than one payee, this page should be copied and submitted for each payment.

Trustee bank account – this is an account used by the Trustees solely for the purpose of making and receiving Group Life and/or pension payments.

Third party bank account – this means any bank account other than the Trustees own account. This includes bank accounts belonging to the beneficiary(s), solicitors and client holding accounts.

8. Fair Processing Notice – Group Protection

Privacy Notice

Aviva Life & Pensions UK Limited is the main company responsible for your Personal Information (known as the controller).

We collect and use Personal Information about you in relation to our products and services. Personal Information means any information relating to you or another living individual who is identifiable by us. The type of Personal Information we collect and use will depend on our relationship with you and may include more general information (e.g. your name, date of birth, contact details) or more sensitive information (e.g. details of your health or criminal convictions).

Some of the Personal Information we use may be provided to us by a third party. This may include information already held about you within the Aviva group, information we obtain from publicly available records, third parties and from industry databases, including fraud prevention agencies and databases. This notice explains the most important aspects of how we use your Personal Information, but you can get more information by viewing our full privacy policy at aviva.co.uk/privacypolicy or requesting a copy by writing to us at: The Data Protection Team, Aviva, PO Box 7684, Pitheavlis, Perth PH2 1JR. If you are providing Personal Information about another person you should show them this notice.

We use your Personal Information for a number of purposes including providing our products and services and for fraud prevention.

We also use profiling and other data analysis to understand our customers better, e.g. what kind of content or products would be of most interest, to predict the likelihood of certain events arising, e.g. to assess insurance risk or the likelihood of fraud.

Your Personal Information may be shared with other Aviva group companies and third parties (including our suppliers such as those who provide claims services and regulatory and law enforcement bodies). We may transfer your Personal Information to countries outside of the UK but will always ensure appropriate safeguards are in place when doing so.

You have certain data rights in relation to your Personal Information, including a right to access Personal Information, a right to correct inaccurate Personal Information and a right to erase or suspend our use of your Personal Information. These rights may also include a right to transfer your Personal Information to another organisation, a right to object to our use of your Personal Information, a right to withdraw consent and a right to complain to the data protection regulator. These rights may only apply in certain circumstances and are subject to certain exemptions. You can find out more about these rights in the "Data Rights" section of our full privacy policy or by contacting us at dataprt@aviva.com.

If you have any concerns, please contact us in one of the ways described below.

9. Declaration

- We, the Trustees (or appointed individual authorised to sign on behalf of the Trustees), confirm that person for which this claim is being made was eligible at the time of death.
- We confirm that all information provided to Aviva Life & Pensions UK Limited is truthful, accurate and complete. We understand that if we don't answer all questions fully, truthfully and accurately this could affect how much is paid out on the claim and could mean the claim is not paid out at all.
- We authorise Aviva to release payment to the payee detailed above.
- The signatures below operate as a discharge of liability to Aviva Life & Pensions UK Limited in respect of the mentioned policy or policies.

Signature 1

Name

Address

Postcode

Occupation

Email address for claim correspondence

Contact preference

Email Post

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature 2

Name

Address

Postcode

Occupation

Email address for claim correspondence

Contact preference

Email Post

Date signed

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Who can sign the declaration? For payments being made to the Trustees own bank account, a minimum of one Trustee or authorised signatory must sign.

For payments being made to any third party account, a minimum of two Trustees or authorised signatories must sign. If you are unsure who the Trustees or authorised signatories are, please call us on 0800 158 2714 or email grouplifeclaims@aviva.com.

What happens next?

Please ensure that:

- You have completed the relevant sections,
- You have signed and dated the declaration, and
- If applicable, a second signatory has signed and dated the declaration, and
- If applicable, you have enclosed the original death certificate, and
- If applicable, you have enclosed the completed Terminal Illness claim form.

The email address to send your completed claim form to is:

grouplifeclaims@aviva.com

The postal address to send your completed claim form to is:

Group Life Claims Department, PO Box 3240, Norwich, NR1 3ZF.

If we require any further information from you, we will contact you on your preferred contact method provided.

| Retirement | Investments | Insurance | Health |

Aviva Life & Pensions UK Limited. Registered in England No 3253947.
Wellington Row, York, YO90 1WR. Authorised by the Prudential Regulation Authority and regulated by the
Financial Conduct Authority and the Prudential Regulation Authority. Firm Reference Number 185896.

[aviva.co.uk](https://www.aviva.co.uk)

GR01039 08/2022 © Aviva plc

