

Death claim notification – Mastertrust

We'll need you to fill in and return this form before we pay benefit. The form is in four parts:

PART A is filled in by the policyholder. It allows us to confirm the death and check the claim against the insurance policy cover.

PART B is filled in by the employee's next of kin, the policyholder or the legal representative looking after the estate. The Group Life Mastertrust rules let the trustees choose who to pay benefit to. This part gives details to help them with their decision.

PART C confirms the documents we need to process the insurance claim, and help the trustees identify potential beneficiaries.

PART D provides an overview of our Group Life Mastertrust claims process.

Once you've filled in this form, please check through the important information checklist on page 3 to make sure you're giving us everything we need. We may return the form if any important details are missing.

(Please fill in using **BLOCK CAPITALS**)

PART A – To be completed by the policyholder.

1 About the member

Policyholder (principal employer)	<input type="text"/>
Deceased's surname	<input type="text"/>
Deceased's forename(s)	<input type="text"/>
Date of birth	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Date of death	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Deceased's address	<input type="text"/> <input type="text"/>
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cause of death as shown on death certificate	<input type="text"/>
Date of entry into service	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Date the deceased was last actively at work	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (DD/MM/YYYY)
Reason for any absence between date last actively at work and date of death	<input type="text"/>

1**About the member continued**

Deceased's occupation

Location of employer where deceased was last employed

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

Town

Postcode

i You only need to complete this section if the death occurred overseas.

Date of departure from the UK

Country where death occurred

Intended date of return to UK

Purpose of visit
e.g. holiday/business
 (DD/MM/YYYY)

 (DD/MM/YYYY)

2**About the policy**

Policy number

Date the deceased became a member of the scheme

Membership category at date of death

Date of entry into category

 (DD/MM/YYYY)

 (DD/MM/YYYY)
3**Life assurance benefit**

Scheme earnings at date of death

Scheme earnings at the annual renewal date before death

Benefit amount claimed

Calculation basis

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.

 £

 £

 £

4**Expression of wish**

Did the deceased fill in an Expression of Wish form to indicate who they would like the trustees to pay the benefit to?

 Yes No

If 'Yes', please send us their Expression of Wish with this completed form. The trustees will consider the deceased's wishes when they decide who to pay benefit to.

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

(DD/MM/YYYY)

Name

Capacity in which signing e.g. director or company secretary

Phone number

Email address

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. Incorrect information on the claim form may delay the claim.

LUMP SUM ONLY

Claim form fully completed	<input type="checkbox"/>	Scheme earnings provided	<input type="checkbox"/>
Policy number provided	<input type="checkbox"/>	Declaration signed	<input type="checkbox"/>
The supporting documents requested in PART C	<input type="checkbox"/>		



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

PART B must be completed by the next of kin, the policyholder, or the legal representative looking after the estate.



The Group Life Mastertrust rules allow the trustees to choose who to pay the benefit to. Please provide as much detail as you can in PART B to help the trustees with their decision. As the trustees look through the information you provide, we may need to ask for further documents and detail, or to clarify points. We'll contact the relevant person if this is needed.

Please answer each question without making assumptions. If you don't know an answer, please tell us and we'll investigate further.

1

About the member

Full name

Date of birth

National Insurance Number

Did the member have any other policies with Legal & General?

If 'Yes', please provide policy numbers and further details

(DD/MM/YYYY)

Yes No Don't know

2

The member's partner

What was the member's relationship status?

Please provide details of the member's partner

Full name

Date of birth

Address

Postcode

Telephone number

Was the partner financially dependent on the member?

Had the member ever divorced or dissolved a registered civil partnership?

Married or within a registered civil partnership Unmarried partner
Single Don't know

 (DD/MM/YYYY)

Yes No Don't know
Yes No Don't know

3

The member's parents



Complete this section if the member was single. Proceed to question 4 if you've provided detail of a partner in section 2. Please provide details of the member's parents.

Parent 1

Full name

Date of birth

Is this parent living?

If 'Yes', please confirm

Address

Postcode

(DD/MM/YYYY)
Yes No Don't know

3

The member's parents continued

Is this parent financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Parent 2

Full name

Date of birth

(DD/MM/YYYY)

Is this parent living?

Yes No Don't know

If 'Yes', please confirm

Address

Postcode

Is this parent financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

4

The member's children

Does the member have a child, adopted child or step child?

Yes No Don't know

If 'Yes', please provide details of the member's children below.



If there are more than two children, please use the blank space in PART B question 8 to provide the additional children's details.

Child 1

Full name

Date of birth

(DD/MM/YYYY)

Address

Postcode

Legal guardian's name, if the member's child is aged less than 18

Is the child aged 18 or more, and financially dependent?

Yes No Don't know

If 'Yes', please provide details of the dependency

Child 2

Full name

Date of birth

(DD/MM/YYYY)

Address

Postcode

Legal guardian's name, if the member's child is aged less than 18

Is the child aged 18 or more, and financially dependent?

Yes No Don't know

If 'Yes', please provide details of the dependency

5

The member's brothers and sisters

Does the member have any brothers or sisters?

Yes No Don't know

If 'Yes', please provide details below.



If there are more than two brothers and sisters, please use the blank space in PART B question 8 to provide the additional details.

Brother or sister 1

Full name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(DD/MM/YYYY)

Address

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Brother or sister 2

Full name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(DD/MM/YYYY)

Address

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency



If you have given details of a person aged less than 18, please provide their legal guardian's contact details on the blank space in PART B question 8.

6

Other people the trustees should consider

Is there anyone else you feel the trustees need to consider when they decide how to pay the benefit?

Yes No

If 'Yes', please provide details below.

Person 1

Full name

Date of birth

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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(DD/MM/YYYY)

Address

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Was this person financially dependent on the member?

Yes No Don't know

If 'Yes', please provide details of the dependency

Please explain this person's relationship to the member

6 Other people the trustees should consider continued

Person 2

Full name

Date of birth

Address


Postcode

Was this person financially dependent on the member?

If 'Yes', please provide details of the dependency

Please explain this person's relationship to the member

<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"/> (DD/MM/YYYY)
<input type="text"/>
<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/>
<input type="text"/>
<input type="text"/>

 If you have given details of a person aged less than 18, please provide their legal guardian's contact details on the blank space in PART B question 8.

7 The member's estate and legal representatives

Personal or legal representative 1

Full name

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

<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"/> (DD/MM/YYYY)
<input type="text"/>
<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Personal or legal representative 2

Full name

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

<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"/> (DD/MM/YYYY)
<input type="text"/>
<input type="text"/>
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Did the member leave a will?

Yes No Don't know

Is there a Grant of Probate or Letter of Confirmation?


Yes No Don't know

Are there Letters of Administration?

Yes No Don't know

Was the member bankrupt or discharged bankrupt at the time of their death?

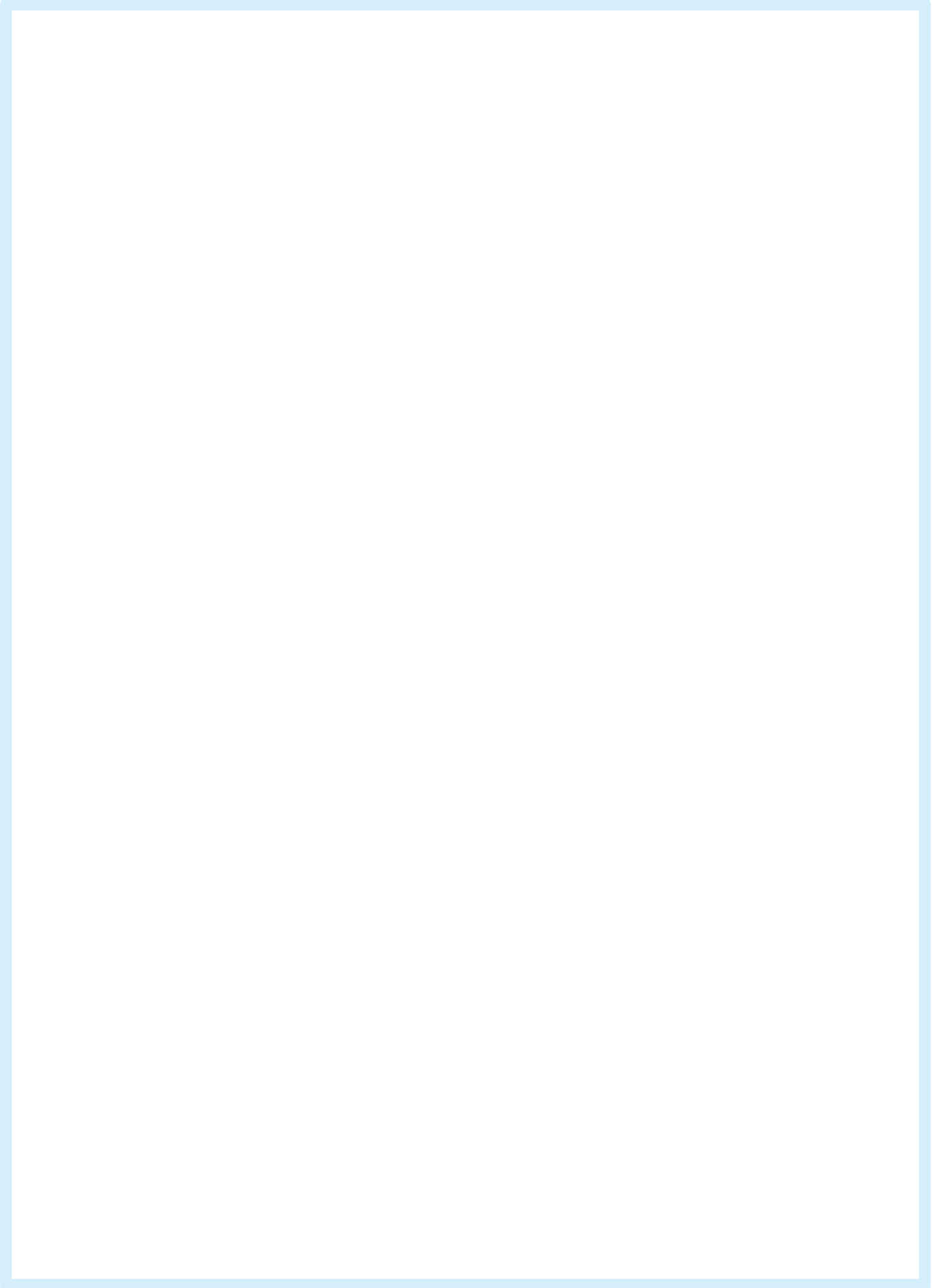
Yes No Don't know

 There are three types of Grant of Representation:

- Probate – Issued to one or more executors named in the Will.
- Letters of Administration (with Will) – Issued where there is a Will; however there isn't a named executor, or when the named executor is unable or unwilling to apply for the grant.
- Letters of Administration (without Will) – Issued when there isn't a Will, or the Will is invalid.

If the member was bankrupt or discharged bankrupt at the time of their death, the benefit may be paid to the Trustee in Bankruptcy.

Please use this space to include the details of people you couldn't fit in earlier sections, or any other information you'd like the trustees to consider.



9 Declaration

PART B of the form has been filled in by:

Full name

Relationship to member

Email address

Telephone number

Four horizontal input fields for personal details.

If not provided in a previous section, please confirm:

Date of birth

Address

Postcode

Date of birth input with (DD/MM/YYYY) label. Address input with two lines. Postcode input with seven boxes.

! Protecting personal information is extremely important to Legal & General. Our Privacy Policy tells you how we collect and process personal information. Please take a few minutes to read it.
legalandgeneral.com/privacy-policy/
Please contact us if you'd like us to post you a copy of the Privacy Policy.

By signing this form, I confirm to the best of my knowledge the information provided in this form is true and accurate. I confirm I have not left out any material facts that might influence the trustees in reaching their final decision.

I promise to tell Legal & General if I discover I have made false or incomplete statements.

Signature

Date

Signature input field with a red 'X' placeholder. Date input with (DD/MM/YYYY) label.

! Please read PART C and work with the member's former employer to help provide the needed documents.

PART C Documents needed.

Please send us all the documents we've asked for in PART C. If you're missing a few, you can submit the claim form with the remaining documents to follow. We may not be able to finalise all the payments if these documents remain outstanding.



We can only accept original certificates issued by a Registrar and protected by Crown copyright, for example birth and death certificates. You cannot lawfully copy these without HMSO consent.

To check the insurance claim and pass the insurance benefit to the trustees we'll need:

- A copy of this completed claim form.
- The original death certificate.
- For a death outside the UK, an official translation of the death certificate, and either:
 - the original repatriation documents and the details of the receiving coroner's office or funeral home if the body has been returned to the UK; or
 - a completed death abroad questionnaire if the body remains outside the UK.

To help the trustees decide who to pay the benefit to, and how to split it if there's more than one beneficiary, we'll also need:

- An expression of wish form that the member may have completed to indicate who they'd like to receive the benefit.
- A copy of the Will the member may have set up.
- If the member had a partner, the original document confirming a partner's relationship to the member, for example a marriage or registered civil partnership certificate. For an unmarried partner we'll need proof of financial dependency.
- The decree absolute if the member had divorced.
- The original birth or adoption certificates for each of the member's children. If a child is aged 18 or over and financially dependent, we'll also need proof of the dependency.

If the member didn't leave a partner or children, we'll also need:

- The member's original full birth certificate or certificate of adoption.
- If applicable, proof of any financial dependency a parent, brother, sister or person named in PART B question 6, had on the member.
- The member's brothers' and sisters' birth certificates, or certificates of adoption.

If the member didn't leave a partner or children, and a personal representative or executor hasn't been appointed, we'll need:

- Documents to confirm the identity of any person named in PART B question 6. From the table below, you'll need to provide:
 - one document from Level A and one document from Level B or Level C; or
 - if a Level A document doesn't exist, one document from Level B and one document from Level C.

We can use originals, or copies of, the documents shown in the table.

LEVEL	DOCUMENT TYPE
A	Valid signed passport.
A	Valid photocard driving licence (full or provisional).
A	UK Border Agency Identity Card.
A	Firearms certificate or Shotgun licence.
A	Identity card issued by the Electoral Office for Northern Ireland.
A	HMRC Registration Card CIS4 for those who are employed in the Construction Industry.
B	Valid old style full driving licence.
B	Recent evidence of entitlement to state or local authority funded benefit (including housing benefit and council tax benefit), tax credit, pension, educational or other grant.
B	Personal correspondence from a UK, Her Majesty's Revenue and Customs (HMRC) tax office, sent to your current address. This does not include a P45 or P60.
C	Instrument of a court appointment (liquidator or grant of probate).
C	Current Council Tax demand letter or statement – issued within the last 12 months.
C	Current bank statements, or debit card statements, recently issued by a regulated financial sector firm in the UK, EU, or equivalent jurisdiction. This includes Mortgage Statements. These should not be printed from the Internet. Credit card statements are NOT acceptable.
C	Utility Bills – issued within the last 6 months. These should not be printed from the Internet. Mobile phone bills and store card bills are NOT acceptable.



The trustees will need a few extra details from the beneficiaries once they are chosen. These final checks help prevent financial crime and make sure benefit is paid to the correct account. We'll contact the beneficiaries when this is needed.

PART D How we process claims under our Group Life Mastertrust

When you set up a policy under our Group life Mastertrust you don't have to worry about how to split the benefit between potential beneficiaries, completing identity checks or filling in registered scheme reports. The experienced trustees appointed to look after our Mastertrust will have this in hand.

These processes are information driven, and we'll need the original versions of any certificates we ask for. We ask you to provide as much detail as you can up front, to give the trustees the best chance of completing their investigations and paying benefit quickly.

1 Starting the claims process

To start the process we'll ask for:

- The Group Life Mastertrust claim form which is split into four parts:
 - PART A is completed by the policyholder. This helps us check the claim under the insurance policy.
 - PART B can be completed by the member's next of kin, the policyholder, or the legal representatives looking after the estate. The trustees will use this information to help identify the potential beneficiaries and prepare registered scheme reports.
 - PART C confirms the documents you need to send so we can check the insurance claim and start identifying the beneficiaries.
 - PART D provides an overview of the process.



The information we ask for to begin the claims process helps us check the insurance claim and allows the trustees to start identifying potential beneficiaries. It also provides contact details of people who can help answer the trustees' questions.

2 Checking the insurance claim

We'll first check the claim against the policy terms. If we don't have any queries, we'll usually pay valid claims into the trustees' bank account within five days of receiving the completed claim form and death certificate.

We'll confirm when this step is complete.

3 Identifying the beneficiaries and how the benefit may be split

The next step is for the trustees to identify who to pay the benefit to, and how it may be split if there's more than one beneficiary.

Our Mastertrust Team, who represent the trustees, will review the information provided on the claim form alongside an expression of wish form and a Will that an insured member may have completed. This helps them better understand the insured person's circumstances and target any additional information needed. They'll write to the person best able to provide these extra details, usually the next of kin.

The level of information we need and the time it takes to investigate will depend on how simple or complicated the member's personal circumstances were at the time of death. Our Mastertrust Team recognise it's a difficult time for the next of kin and are sensitive to their loss.

We try to keep contact to a minimum, and only ask for additional detail if it's needed to complete the investigation.

The trustees will review the information gathered and confirm a decision.

4 Paying the beneficiaries

The Mastertrust Team carry out a few final checks before they arrange the payment. These help prevent financial crime and make sure benefit is paid to the correct bank accounts. For each beneficiary they'll need:

- an original birth certificates (if not previously supplied),
- any original documents confirming a beneficiaries relationship to the member, for example a marriage certificate (if appropriate and not previously supplied),
- bank account statements showing the beneficiary's name, account number and sort code, and
- a payment Instruction confirmation form completed by the beneficiary.

The Mastertrust Team will set up payments direct to the beneficiaries once we have these final details.

Contact us



0345 072 0758

We may record and monitor calls. Call charges will vary.



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



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