

# Voluntary Life Assurance Plan spouse/ partner's death claim notification

Please make sure you complete all fields on this form. If vital information is missing we'll return the form and won't be able to make any payments.

Please complete in **BLOCK CAPITALS**.

Policyholder's name

## 1. About the employee

Employee's surname

Employee's forename(s)

Date of birth  
(DD/MM/YYYY)

When did the employee join  
the company?  
(DD/MM/YYYY)

Employee's occupation

Location of employer where  
member was last employed

## 2. About the spouse/partner

Surname

Forename(s)

Deceased's address

Postcode

Date of birth  
(DD/MM/YYYY)

Date of death  
(DD/MM/YYYY)

Marital status at  
date of death

Cause of death as shown  
on death certificate

National Insurance number

### 3. About the scheme

#### Scheme details

Group policy number  
Date the deceased became a member of the scheme (DD/MM/YYYY)  
Membership category at date of death  
Entry date into the category (DD/MM/YYYY)

#### Life Assurance Benefit

### 4. Documents 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 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.**

To help you, we've included the checklist below to make sure you've included all the documents we need:

Original death certificate (if required)

Copy of last completed application form

### 5. Life Assurance Benefit claimed

**The benefit claimed must be in accordance with the contract(s) of insurance.**

**You must ensure the deceased was eligible.**

Amount claimed

£

Basis of calculation

Name of Trustee's bank/  
building society

Trustee's bank account  
number

Trustee's bank sort code

Trustee's details for  
payment

Trustees of

### 6. Declaration and undertaking by policyholder

We declare that the information given above is correct and that entitlement to the benefit claimed is in accordance with the terms of the insurance contract(s).

Name

Signature

Date (DD/MM/YYYY)

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

# Contact us



**0345 072 0758**

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



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