RISK ASSURANCE MANAGEMENT

Master Trust

Group Life Assurance Claim Form

Coverholder at LLOYD'S

MASTER TRUST
GROUP LIFE ASSURANCE: CLAIM FORM

INSTRUCTIONS FOR COMPLETION

1. Please ensure that this claim form is completed in full and that ALL required documentation is attached. Failure to do so may result in delays.

2. Please attach all original documents to this claim form.

Document Checklist (please tick as appropriate)

Death Certificate or Coroner's Certificate	☐	Personal Circumstances Questionnaire	☐
A copy of the Member's Expression of Wishes Form	☐	Payslip(s) evidencing salary (if applicable)	☐
A copy of the Member's Will (if available)	☐		

NB: Where the benefit being claimed is based on Salary and the Salary is different to that shown on the recent inception/anniversary data, please provide copies of payslips/P60 to validate the claim.

Please be aware that on receipt of this claim Risk Assurance Management Limited may need to request additional details from a third party (or parties) in order to validate this claim.

We will not meet any claims submitted to us two years after the earlier of the date on which the Trustees first knew of the Member's death, or the date on which the Trustees could reasonably be expected to have known of the Member's death.

The issue of this form is not an admission of liability.

SECTION 1 - Policy Details

Principal Employer's Name:

Employer's Name (if different from Principal Employer):

Policy Number:
Scheme Name:

Coverholder at LLOYD'S

SECTION 2 - Deceased Member's Details

Title: (Mr/Mrs/Miss/Ms/Other)	
First Name(s):	Surname:
Date of Birth:	Date of Death:

Date Employment Commenced:	Date First Eligible To Join Scheme:

Date Joined Scheme:	Date of Last Day Actively at Work:

SECTION 3 - Basis of Benefit Calculation

Please refer to the "Sum Assured" and "Salary" definitions stipulated in the Policy that relate to the deceased, to ensure that the correct Salary/Benefit is being claimed.

Death Benefit Basis (please tick (a) or (b) below as appropriate)

a) Flat Benefit ☐ Salary Related ☐

Flat Benefit Claimed

Member's Salary

Multiple of Salary

Sum Assured Claimed

Please detail the Salary/Sum Assured calculation here:

SECTION 4 – Principal Employer Declaration

We hereby apply to Risk Assurance Management Limited for payment of the Sum Assured claimed. We declare that the deceased was a Member of the Scheme on the date of death and the particulars provided are correct to our knowledge and belief. We confirm that payment of this claim will be in full and final settlement and will discharge all liability in respect of this Member under this Contract.

Authorised Signature: Position: **This form must be signed by an individual who is authorised to sign for and on behalf of the Principal Employer.** **NB: As part of our Claim process we must be able to verify the signature against specimen signatures held on file. If in doubt, please contact us or complete an Authorised Signatory Form (available from our website (www.ram-ltd.co.uk) and forward with this Claim.**
Print Full Name:
On Behalf of The Principal Employer:
Date: Day Month Year

Please return this form to: group.risk@ram-ltd.co.uk

Risk Assurance Management Limited,
insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority

Registered Address:
23a Picton House, Hussar Court, Waterlooville, Hampshire PO7 7SQ
Registered in England and Wales No: 1334065

Chancery House, Leas Road,
Guildford, Surrey GU1 4QW
Tel: 0370 7200 780
Email: group.risk@ram-ltd.co.uk
Web: www.ram-ltd.co.uk

Coverholder at LLOYD'S