

Group Life Master Trust Claim

How to get in touch:

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Completing the form

Please only use this form if your policy benefits are assigned to the MetLife Master Trust.

1. It is important that all sections of this form are completed. If there is any missing information, this will delay the time it takes for us to process the claim.
2. We can confirm most deaths on-line. We only require you to send us the death certificate if:
 - the member died overseas (original certificate needed); or
 - the death has been registered in the last 10 calendar days (certified copy of the certificate needed).
 - If a coroner is involved and the only available certificate is the coroner's interim death certificate, you will need to send us a certified copy of this certificate.
3. Usually, we do not need to see evidence of earnings. We only need this evidence if:
 - the deceased member did not appear on the most recent membership data sent to MetLife; or
 - there has been a change of 5% or more in the salary declared on the membership data for the deceased.

The definition of earnings for your policy is outlined in your policy schedule. Please check this and provide a payslip or P60 from the relevant period, including evidence of fluctuating emoluments if relevant.
4. The claim form must be signed by at least one authorised signatory for the scheme. A second signatory is necessary only where your trust rules require it. If the person signing the claim form has not previously been confirmed to MetLife as an authorised signatory, we will need a completed authorised signatory form.
5. Latest copy of the Expression of Wish form - if this hasn't been completed, please provide the name and contact details for the relevant next of kin.
6. MetLife is the data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, www.metlife.co.uk.
7. If you need help completing the claim form, please contact the MetLife claims team using the details above. The team can also tell you more about our free confidential bereavement and probate service.

You are under a duty to provide true, accurate, and complete information in this claim form and when providing information to MetLife in order for us to assess your claim. If you provide misleading information it may result in the claim being rejected. If the requirements under our claims procedures are not complied with we may not pay the claim.

About the employer’s group life scheme

Scheme name

Policy number

Employer name (if different from scheme name)

Membership category as applicable (please see your policy schedule for the categories under your policy)

About the employee

Name

Date of birth

D D M M Y Y Y Y

Occupation

Date of death

D D M M Y Y Y Y

Location of death

Cause of death

Last date at work (if the deceased was not working at the time of death)

D D M M Y Y Y Y

Date of joining the company

D D M M Y Y Y Y

Date of joining the scheme

D D M M Y Y Y Y

About the claim

Is your claim for:

1. a multiple of earnings? Yes No If yes, please state:

- the earnings on which the benefit is based (as defined in your policy schedule): £
- the multiple of earnings you are claiming:

2. a fixed amount? Yes No If yes, please state:

Total amount claimed: £

Payment Instructions

Beneficiary 1 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 2 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 3 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

Beneficiary 4 - Proportion of benefit: *(please indicate %)*

Payment to be made to:

Name of Account

Name of Bank

Address of Bank

Postcode

Account number

Sort code - -

3 - Declaration by the policyholder

We declare that:

- the information disclosed in this claim form is true, accurate and complete;
- the deceased member was employed by the insured employer at date of death.

Authorised signature

Authorised signature

Printed name

Printed name

Role

Role

Date

Date

D D M M Y Y Y Y

D D M M Y Y Y Y

Check list

- Death certificate (if needed)
- Evidence of earnings (if needed)
- Updated authorised signatories form (if applicable)
- Latest copy of the Expression of Wish form (if available)
- Bank details for the nominated beneficiaries.

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