

# Group Life claim form

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[www.metlife.co.uk](http://www.metlife.co.uk)

Please note that the issue of this claim form by MetLife does not constitute an admission of any liability by MetLife in respect of the claim under the policy. The policyholder or trustees 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 the claim. If untrue, misleading or inaccurate information is given by the policyholder or trustees deliberately or recklessly or carelessly, 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. Please refer to the policy documentation for claims that are excluded from cover.

## All questions require completion in order to validate the claim

Scheme name

Policy number

Employer

Name of deceased

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

Date illness first diagnosed

D D M M Y Y Y Y

Date last actively at work

D D M M Y Y Y Y

Date on which deceased joined the company

D D M M Y Y Y Y

Date on which deceased joined the employer's death-in-service scheme

D D M M Y Y Y Y

(not the date joined the MetLife Group Life Policy)

## Section 1 - Lump sum benefit

Salary upon which benefits are based (please ensure this is as per the salary defined in the policy)

Basis of lump sum (state multiple of salary or fixed amount if applicable)

Amount of lump sum death benefit being claimed

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## Section 2 - Payment details

**If the policy benefits have been assigned to the MetLife Master Trust, the lump sum benefit, if payable, will be paid to the trustee of the MetLife Master Trust and this section does not need to be completed. If the employer is not a participant in the MetLife Master Trust, please complete this section accordingly.**

Lump sum to be paid to

Please confirm the details of the trustee's account the lump sum is to be paid to:

Bank / Building Society name

Address

City

Country

Postcode

Account number

Sort code - -

**If the company requires an alternative payee please advise accordingly and we will issue a form of discharge, once the validity of the claim has been confirmed.**

**Section 3 - Declaration by the scheme trustees (if not a participant in the MetLife Master Trust);  
or policyholder (if a participant in the MetLife Master Trust)**

We declare that the information disclosed by us in this claim form is true, accurate and complete and that the member was employed by the participating employer at date of death. We understand that if we have provided untrue, misleading or inaccurate information deliberately or recklessly or carelessly, it may result in the claim being rejected. We confirm that the benefits stated above are the deceased member's scheme entitlement, which is insured with MetLife. We further confirm that any payment of benefit by MetLife following their assessment and acceptance of the claim will be in full and final discharge of all liabilities under the policy in respect of this member.

Authorised signature

Printed name

Position

Date

D D M M Y Y Y Y

Authorised signature

Printed name

Position

Date

D D M M Y Y Y Y

**Two signatures are required, see notes.**

**Notes**

1. For all claims we will require an original Death Certificate to be forwarded with this Claim Form. In respect of all overseas deaths the original Death Certificate and all supporting documentation are required.
2. Evidence of salary is also required for the deceased (e.g. a copy of the most recent full payslip or P60 which agrees with the definition of salary).
3. Lump sum benefit payments will only be made to the trustee(s).
4. Any alteration overleaf must be countersigned by the policyholder (if a participant in the MetLife Master Trust) or trustee(s) (if not a participant in the MetLife Master Trust).
5. A revised authorised signatory form is required if the authorised signatories have changed since the original proposal form was completed or the last claim made.

**Check list (if not a participant in the MetLife Master Trust)**

Original Death Certificate      Evidence of earnings attached      Death Claim Form fully completed  
Updated Authorised Signatories form (If applicable)

**Check list (if a participant in the MetLife Master Trust)**

Original Death Certificate      Evidence of earnings attached      Death Claim Form fully completed  
Updated Authorised Signatories form (If applicable)      Latest copy of the Expression of Wish form (if applicable)  
In respect of the nominated beneficiaries (if applicable); copy of current passport, and copy of a utility bill issued within the last 3 months (mobile telephone bills are not accepted). Documents must be certified by the company secretary or legal officer or another professional person such as a banker, lawyer, accountant. Where certification is carried out by another such professional person the individual must clearly print their name, address and occupation under their signature. The following wording should be included in respect to all certifications 'Having seen the original document and the individual to whom it relates I certify that this is a true copy'.  
In respect of the nominated beneficiaries (if applicable); their bank account details.

**Section 4 - Dependant's pension benefits**

Amount of spouse / dependant's pension

Escalation in payment

Amount of children's pension

Escalation in payment

**Section 5 - Dependant's pension payment details****This section requires completion for all spouse's / dependant's claims**

Title

Mr	Mrs	Miss	Ms	Other - please specify
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Full name

Date of birth

D D M M Y Y Y Y

Address

City

Country

Postcode

Bank / Building Society name

Address

City

Country

Postcode

Account number

Sort code - -

**Notes**

1. If Spouse's / Dependant's Pension is payable, then we shall require the original Spouse's / Dependants Birth and original Marriage Certificates as applicable.
2. If Children's Benefit is payable then the relevant original Birth Certificate is required.
3. For all Spouse's / Dependant's or Children's pensions, please complete the pension payment details above.

**Check List**

Original Death Certificate	Evidence of earnings attached	Original Birth / Marriage Certificates attached
Death Claim Form fully completed	Updated Authorised Signatories form (If applicable)	

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