RISK ASSURANCE MANAGEMENT

POLICE 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)**

Original Death Certificate or original Coroner's Certificate ☐

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. All information will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

We will not meet any claims, or any requests for additional amounts of benefit, submitted to us more than 2 years after the date of a member's death.

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

SECTION 1 - Policy Details

Scheme Name:
Policy Number:

SECTION 2 – Deceased's Details

Serving Member	☐	Spouse/Partner of Serving Member	☐	Retired Member	☐	Spouse/Partner of Retired Member	☐	Child	☐

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

Date First Eligible to Join Scheme:	Date Joined Scheme:

Officer's Name (in respect of Spouse/child claim):
Officer's Date of Birth (in respect of all Spouse/child claims):
Officer's Retirement Date (in respect of all Retired claims):
Officer's Last Day Actively at Work (in respect of all Serving Member claims)

Has Terminal Prognosis Advance benefit previously been paid: Yes/No (if yes please state amount and date paid):	Sum Assured (less Terminal Prognosis Advance benefit if applicable):

Chancery House, Leas Road,
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Risk Assurance Management Limited, insurances arranged at Lloyd's
Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority
Registered Address: 35 Lavant Street, Petersfield, Hampshire GU32 3EL
Registered in England and Wales No: 1334065

Coverholder at LLOYD'S

SECTION 3 - Claims Settlement

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 and paying premiums up to date at 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.

Settlement of this claim will be made by electronic transfer to the Policyholder who is:-

The Trustees of the:	**Scheme**

Trustees Bank Details:	
Bank Account Name:	…………………………………………………………………………..
Bank Account Number:	…………………………………………………………………………..
Bank Sort Code:	…………………………………………………………………………...
Bank Name:	…………………………………………………………………………..
Bank Address:	…………………………………………………………………………..
	…………………………………………………………………………...

Data Protection Act 1998:

We understand and consent to the use of any information provided by us for the operation of this insurance. This included the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

We understand that in order to do this the information may be shared with other insurers, re-insurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers Members or the Members benefits arrangements provided by the company.

We understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer but will not be kept for longer than necessary.

We confirm that data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the Data Protection Act 1998.

NB: Payments will not be made to any parties other than the Trustees of the Scheme.

Authorised Signature: Position: **This form must be signed by a duly authorised person on behalf of the Policyholder (e.g. Director, Company Secretary, Trustee)**
Print Name:
On Behalf of:
Date: [ ][ ] [ ][ ] [ ][ ][ ][ ] Day Month Year

Coverholder at LLOYD'S