

GROUP LIFE

POLICYHOLDER CLAIM FORM

HOW WE PROCESS PERSONAL DATA

Before you give us your personal information it is important that you know what your data protection rights are, and, how and why we use your personal information. This is set out in the relevant Data Privacy Notice which is always available on our website at: [UTMOST PANEUROPE DAC Privacy Notice \(www.utmostinternational.com\)](http://www.utmostinternational.com)

1 EMPLOYER DETAILS

Policy number	<input type="text"/>
Employer name	<input type="text"/>
Correspondence address	<input type="text"/> <input type="text"/>
Name of individual dealing with claim	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>

2 BROKER DETAILS

Broker name	<input type="text"/>
Contact name	<input type="text"/>
Email address	<input type="text"/>
Telephone number	<input type="text"/>
Copy updates to broker	Yes <input type="checkbox"/> No <input type="checkbox"/>

3 EMPLOYEE DETAILS

Name	<input type="text"/>	Title	<input type="text"/>								
Address	<input type="text"/> <input type="text"/>										
Employee General Practitioner name	<input type="text"/>										
General Practitioner phone number	<input type="text"/>										
General Practitioner address	<input type="text"/> <input type="text"/>										
Employee job title	<input type="text"/>										
Category of membership (as per policy schedule)	<input type="text"/>										
Date of birth	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Date of joining the company	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Date the employee became eligible for inclusion in the Group Life policy	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				
Date the employee joined the Group Life policy	<table><tr><td>d</td><td>d</td><td>m</td><td>m</td><td>y</td><td>y</td><td>y</td><td>y</td></tr></table>			d	d	m	m	y	y	y	y
d	d	m	m	y	y	y	y				

A WORLD *of* DIFFERENCE

Utmost Corporate Solutions is a trading name used by Utmost PanEurope dac.

Utmost PanEurope dac is regulated by the Central Bank of Ireland. Utmost PanEurope dac is a designated activity company registered in Ireland (number 311420), with a registered office at Navan Business Park, Athlumney, Navan, Co. Meath C15 CCW8, Ireland.

UCS_LD PR | 00073 | 10/22

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E claims@utmost.ie
W utmostinternational.com

3 EMPLOYEE DETAILS (CONTINUED)

If the employee did not join when first eligible, please give reason why

Date the employee was
last actively at work

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

If the employee was not actively at work at the date of death/dismemberment, please confirm the reason for absence.

4 TRUSTEE BANK DETAILS

Trustee bank name and address

Account name

BIC

IBAN

5 CLAIM DETAILS

If your claim is in relation to **Death Benefit**.....Please **ONLY** Fill in **5.1** page 2

If your claim is in relation to **Dependant Annuity Benefit**Please **ONLY** Fill in **5.2** page 2/3

If your claim is a **Result of an Accident**Please **ONLY** Fill in **5.3** page 3

Please note,
only the insured
benefit at the time of
the insured event is
covered.



5.1 - DEATH BENEFIT

Date of death of the employee

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Please confirm the amount
you are claiming for

5.2 - DEPENDANT ANNUITY CLAIMS

This section only needs to be completed if claiming for a spouse/partner, or children's pension needs to be claimed.

Please confirm who the claim is for

Spouse/Partner

☐

Child

☐

Spouse/Partner full name

Date of birth of the employee

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Date of death of the employee

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Address

Home telephone number

Mobile telephone number

Email address

Relationship to Employee

Spouse/Partner PPS Number

Amount of benefit payable

Please confirm the amount
you are claiming for

5.2 - DEPENDANT ANNUITY CLAIMS (CONTINUED)

Details of any qualified children where children's benefits are payable.

Full name of child	Date of birth	Child's annual benefit	Child's PPS Number

Who is the payee?

Bank name and address

Account name

BIC

IBAN

5.3 - ACCIDENTAL DEATH AND DISMEMBERMENT**To be completed only if claim as a result of Accidental Death or Accidental Dismemberment.**

Please confirm the date of accident

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Date of death (if applicable)

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---

Please confirm how the accident occurred

To which hospital was the employee taken

Was a police investigation carried out?

Yes ☐No ☐

Was there a post-mortem?

Yes ☐No ☐

Was there an inquest?

Yes ☐No ☐

If the answer is Yes to any of the above, please provide a copy of any reports available.

Please describe dismemberment sustained, if applicable.

Please confirm the amount
you are claiming for**6 DECLARATION AND AUTHORISATION**

I confirm I have read the Utmost PanEurope Privacy Notice. I have also informed those whose personal information I have provided to you with details of where they can find the Utmost PanEurope Privacy Notice.

I declare that the information I have given above is correct. I authorise Utmost PanEurope dac. to proceed with the payment(s) due in respect of this claim, subject to admission on claim.

Name

Position

**Authorised
Signature**

Date

d	d	m	m	y	y	y	y
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POLICYHOLDER CLAIM FORM
GROUP LIFE

COMPLETED AND SIGNED FORMS AND SUPPORTING DOCUMENTATION SHOULD BE

Scanned and emailed to claims@utmost.ie

OR

Posted to UCS Claims Team,
Utmost PanEurope,
Navan Business Park, Athlumney,
Navan, Co Meath C15 CCW8, Ireland.

IMPORTANT - Please check that the following information is submitted along with the completed claim form

1 Completed and signed the Policyholder's Claim Form.

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2 Provided three months' payslips.

☐

FOR DEATH CLAIMS

3 Please provide a certified copy of the death certificate.

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FOR DEPENDENT ANNUITY CLAIMS

4 Provide an original birth certificate, certified proof of identification and certified proof of address (e.g. addressed utility bill or bank statement) for the claiming dependant as well as evidence of marriage/civil partnership, if relevant. Please note that any proof of address provided must have been issued within the last six months.

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5 Where the dependant is not a child, spouse or civil partner - provide a copy of the current scheme rules and details of the trustee's investigations where they have established financial dependency in accordance with the scheme rules.

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FOR ACCIDENTAL DEATH OR DISMEMBERMENT CLAIMS WE NEED, FROM THE EMPLOYEE

6 A completed and signed Employee Claim Form (only relevant for Dismemberment Claims).

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7 A certified copy of their Birth Certificate, Driver's Licence or Passport.

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