



GROUP LIFE

POLICYHOLDER CLAIM FORM
AND GUIDE TO THE
CLAIM PROCESS

A WORLD *of* DIFFERENCE

utmost[™]
CORPORATE SOLUTIONS

1. Policyholder's Guide to the Claims Process

Group Life cover is designed to provide a lump sum or dependent annuity payment when an employee included in the policy dies, dies as a result of an accident or suffers from a specified accidental dismemberment covered under the policy. A Group Life payment provides financial protection to your employees and their dependants when they need it most.

The Group Life policy is effected between you and Utmost PanEurope and is governed by the policy Terms and Conditions. You have decided who is covered under the policy and what benefits are provided.

If the claim is admitted the benefit will be paid to you to pay to the relevant employee and/or their dependants.

If you require further information, please contact your broker in the first instance or Utmost PanEurope on +353 (0)46 9099 760.

Please note that claims will not be paid until all requested information has been provided and any outstanding premiums on the policy have been paid.

We reserve the right not to accept any claims where the completed claim forms have not been received by us within twenty four months of the event occurring.

Information needed

To assess a claim, Utmost PanEurope requires evidence from you that the claimant is covered by the policy.

What you should do

- Complete and sign the Policyholder's Claim Form.
- Provide three months' payslips.
- For death claims – provide an original death certificate.
- For dependant annuity claims – 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.
- For dependant annuity claims where the dependant is not a child, spouse or civil partner – provide a copy of the current scheme rules and details of the trustees investigations where they have established financial dependency in accordance with the scheme rules.

For Accidental Dismemberment claims we need, from the Employee:

- A completed and signed Employee Claim Form.
- A certified copy of their Birth Certificate, Driver's Licence or Passport.

Completed and signed forms and supporting documentation should be:

Scanned and emailed to claims@utmost.ie or posted to:

Claims Department
Utmost Corporate Solutions
Utmost PanEurope,
Navan Business Park, Athlumney,
Navan, Co Meath C15 CCW8, Ireland

1. Policyholder's Guide to the Claims Process (continued)

When you should do it

Forms should be received by Utmost PanEurope as soon as practicable after an employee's death or dismemberment.

How long will it take to process the claim

Utmost PanEurope will send updates on the assessment process to you and where relevant chase any outstanding medical evidence at regular intervals. Once sufficient information has been received to reach a decision on the claim this decision will be communicated to you.

In the event that a claim is declined, Utmost PanEurope will outline the rationale for the decision. If you are unhappy with the decision you can lodge an appeal within three months of receiving the decision. Please see the factsheet on the Claims Appeal Process for further information.

2. Policyholder Claim Form

Employer details

Policy number: _____

Claim number (if known): _____

Employer name: _____

Correspondence address: _____

Name of individual dealing with claim: _____

Telephone number: _____ Email address: _____

Broker details

Broker name: _____ Contact name: _____

Telephone number: _____ Email address: _____

Copy updates to broker¹: Yes No

¹ Updates will not include medical information.

2. Policyholder Claim Form (continued)

Death and Dismemberment Claim Details

Please confirm the benefit and amount you are claiming for:

- Death Benefit amount claimed _____
- Accidental Death Benefit amount claimed _____
- Accidental Dismemberment Benefit amount claimed _____

Deceased/Dismembered Employee's Details

Name: _____ Title: _____

Address: _____

Date of birth:

Employee General Practitioner name: _____

General Practitioner address: _____

General Practitioner telephone number: _____

Employee job title: _____

Category of membership (as per policy schedule): _____

Date of joining the company:

Date the employee became eligible for inclusion in the Group Life policy:

Date the employee joined the Group Life policy:

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

2. Policyholder Claim Form (continued)

Deceased/Dismembered Employee's Details (continued)

Date the employee was last actively at work:

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

Benefit as a Result of Accident

To be completed only if claim as a result of Accidental Death or Accidental Dismemberment.

Please confirm the date of accident:

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 answered Yes above, please provide a copy of any reports that are available.

Please describe dismemberment sustained, if applicable: _____

Terminal Illness Benefit

To be completed only if your policy provides for a terminal illness benefit as confirmed on the policy schedule.

Total benefit amount: _____

Please enclose a copy of the correspondence from the employee's treating physician confirming life expectancy.

To be completed only if a terminal illness benefit has previously been paid.

Amount of benefit paid: _____

Date benefit was previously paid:

2. Policyholder Claim Form (continued)

Death or Dismemberment Claim Payment

Policyholder bank name: _____

Branch address: _____

Account name: _____

BIC: _____ IBAN: _____

Claim payments will be made by Electronic Funds Transfer (EFT)

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:

D	D	M	M	Y	Y
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Address: _____

Home telephone number: _____

Mobile telephone number: _____

Email address: _____

Relationship to Employee: _____

PPS Number: _____

Amount of benefit payable: _____

Escalation: _____

2. Policyholder Claim Form (continued)

Dependant Annuity Claims (continued)

Details of any qualifying children where children's benefits are payable

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

Dependant Annuity Claim Payment

Who is the payee?:

Policyholder (gross) Dependant (net)

Bank name: _____

Branch address: _____

Account name: _____

BIC: _____ IBAN: _____

Claim payments will be made by Electronic Funds Transfer (EFT)

Please read carefully

Data Protection

Utmost PanEurope dac recognises that protecting your personal information, including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. We have produced a privacy notice which clarifies these details and explains your rights in relation to your personal data and how to action these rights with us, including your right to make a complaint. The privacy notice is available on our website utmost.ie

Utmost PanEurope is registered as a data controller with the Data Protection Commissioner in Ireland and is subject to both the Irish and European data protection laws. In Ireland the laws governing data protection are the Data Protection Acts 1988 to 2018 (as may be amended or replaced) and the General Data Protection Regulation (Regulation (EU) 2016/679) (as may be amended).

2. Policyholder Claim Form (continued)

Data Protection Consents

Collecting and processing your personal data is required to handle your claim. We require your explicit consent to receive and use sensitive data and third party data. If you do not provide the consents we require, we may not be able to handle or process your claim.

The General Data Protection Regulation ('GDPR') came into force across Europe on the 25th May 2018. GDPR aims to give European citizens more control over their data and to create a uniformity of rules to enforce across Europe.

Utmost PanEurope dac recognises that protecting personal information, including special categories of data (sometimes referred to as sensitive personal data), is very important to you and that you have an interest in how we collect, use, store and share such information. Our full data protection privacy notice is available on our website utmost.ie and sets out how we will use and protect your information whether that is information provided to us by you or other parties.

We reserve the right to change the privacy notice from time to time at our sole discretion. We encourage you to periodically review the privacy notice to keep informed about how we use your personal data and how we keep it protected.

How long we keep your data

Your Personal Data and any Sensitive Personal Data, will be retained by us indefinitely so we can effectively administer claims, deal with disputes or for system back-ups required for disaster recovery. By ticking one of the following boxes, you give consent or do not give consent for this retention period;

By ticking the box **I consent** to the retention of my data by Utmost PanEurope indefinitely.

By ticking the box **I DO NOT consent** to the retention of my data by Utmost PanEurope indefinitely.

Sensitive data

Sensitive data is data relating to health information (which may include sexual health), criminal convictions or trade union membership. We collect and use such information to manage claims under this contract. We may need to share such information with approved service providers' e.g. medical professionals.

By ticking the box **I consent** to the collection and use of my sensitive data by Utmost PanEurope.

By ticking the box **I DO NOT consent** to the collection and use of my sensitive data by Utmost PanEurope.

Third party data

If you are providing the personal data of any other person (including a minor) please confirm by ticking the box that the person has consented to you providing this personal data.

Marketing and promotional activities

Utmost PanEurope may, from time to time, contact you with offers or promotions from us or any other Utmost owned company.

By ticking the box **I consent** to receiving promotional material from Utmost PanEurope or any other Utmost owned company.

I would like this promotional material to be sent to me in the following manner:

Post Email Telephone

By ticking the box **I DO NOT consent** to receiving promotional material from Utmost PanEurope or any other Utmost owned company.

2. Policyholder Claim Form (continued)

WITHDRAWAL OF CONSENT(S)

If you wish to withdraw or change your mind in respect of any of the Consents provided by you to Utmost PanEurope dac, please complete a 'Data Protection Consent Withdrawal form' and contact us by post or email, we will take the necessary steps to action the request as soon as possible:

Utmost Corporate Solutions Department
 Utmost PanEurope dac
 Navan Business Park
 Athlumney
 Co. Meath
 Navan C15 CCW8
 Ireland
 Email:- claims@utmost.ie

Please be advised that if you withdraw the consents previously provided by you, we may not be able to handle or continue to pay your claim or continue your insurance cover.

Signature of first declarant:

Full name in CAPITAL LETTERS: _____

Date:

Signature of second declarant (if any):

Full name in CAPITAL LETTERS: _____

Date:

Signature of third declarant (if any):

Full name in CAPITAL LETTERS: _____

Date:

2. Policyholder Claim Form (continued)

On behalf of the policyholder of this Group Life policy I/we wish to apply for the payment of this claim based on the details in this form and in accordance with the Policy's Terms and Conditions. I declare that the details in this form are complete and correct to the best of my knowledge. I acknowledge that failure to provide correct and complete answers could result in a claim payment being refused.

To be signed by an authorised signatory of the Policyholder. Where details of the below signatory is not held on our records and/or details of authorised signatories have not previously been provided please complete the authorised signatories section marked*.

Please note failure to provide details of authorised signatories could delay benefit payment.

Signature:

Date:

D	D	M	M	Y	Y
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Full name in CAPITAL LETTERS: _____

Position of signatory: _____

2. Policyholder Claim Form (continued)

Authorised Signatories*

This is to be completed when the signatory(ies) differ from our records and/or details of authorised signatories have not previously been provided.

Please include the full name, position and specimen signature of each individual who may complete and sign forms in the future.

Full name: _____ Position: _____

Signature:

Full name: _____ Position: _____

Signature:

Full name: _____ Position: _____

Signature:

Full name: _____ Position: _____

Signature:

I/We on behalf of the undersigned policyholder confirm that:

1. I/We confirm that the authorised signatories specified in this form may sign policy and claim documentation from the date of signature and that these signatories may generally contract on behalf of the policyholder with Utmost PanEurope dac.
2. I/We understand that Utmost PanEurope dac will rely on the authorised signatories specified in this form and by signing below I/we release, discharge and indemnify Utmost PanEurope dac from and against all liabilities whatsoever arising out of this authorisation.

Full name: _____ Position/capacity: _____

Signature:


Date:

D	D	M	M	Y	Y
---	---	---	---	---	---

This signature should not be one of the signatories appointed above.

WE'RE HERE TO HELP

For further information on any aspect of our group risk offering, or to request a quote, please contact us:

 +353 (0)46 909 9760

 claims@utmost.ie

 Utmost PanEurope dac
Navan Business Park
Athlumney
Navan
Co. Meath
C15 CCW8
Ireland

 utmost.ie

Please note that emails are not secure as they can be intercepted, so think carefully before sharing personal or confidential information in this way.

Telephone calls may be recorded.

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Utmost Corporate Solutions is a brand 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.

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