

GLOBAL RISK SOLUTION 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: <https://utmostinternational.com/privacy-statements/> (www.utmostinternational.com).

HOW TO COMPLETE THIS FORM

If completing by handwriting, please complete this form in full using blue or black ink and BLOCK CAPITALS. If you make a mistake, cross it out, put in the correct details and sign your initials next to the correction. Please do not use correction fluid. If completing digitally, please ensure your information is saved correctly, we recommend you save the form to your desktop before you start completing the required fields.

COMPLETED AND SIGNED FORMS AND SUPPORTING DOCUMENTATION SHOULD BE

Scanned or emailed to: claims@utmost.ie for Utmost PanEurope claims or underwritingandclaims@utmostworldwide.com for Utmost Worldwide claims.

or posted to

Ireland (for Utmost PanEurope claims)

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

or

Guernsey (for Utmost Worldwide claims)

UCS Claims Team,
Utmost Worldwide Limited,
Utmost House,
Le Truchot,
St. Peter Port,
Guernsey,
GY1 1GR.

A EMPLOYER DETAILS

1. Policy number	<input type="text"/>
2. Employer name	<input type="text"/>
3. Correspondence address	<input type="text"/> <input type="text"/> <input type="text"/>
	<input type="text" value="Postcode"/> <input type="text" value="Country"/>
4. Name of individual dealing with claim	<input type="text"/>
5. Email address	<input type="text"/>
6. Contact number	<input type="text"/>

B BROKER DETAILS

- 1. Broker name
- 2. Contact name
- 3. Email address
- 4. Contact number
- 5. Copy updates to broker Yes No

C EMPLOYEE DETAILS

- 1. Name
- 2. Title
- 3. Address

Postcode	Country
----------	---------
- 4. Employee General Practitioner name
- 5. General Practitioner phone number
- 6. General Practitioner email address
- 7. General Practitioner address

Postcode	Country
----------	---------
- 8. Employee job title
- 9. Category of membership (as per policy schedule)
- 10. Date of birth

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 11. Date of joining the company

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 12. Date the employee became eligible For inclusion in the Group Life policy

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 13. Date the employee joined the Group Life Policy

d	d	m	m	y	y	y	y
---	---	---	---	---	---	---	---
- 14. If the employee did not join when first eligible, please give a reason why
- 15. Date the employee was last actively at work

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

D TRUSTEE/POLICYHOLDER BANK DETAILS FOR CLAIMS PAYMENT

Trustee /Policyholder bank name and address	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text" value="Postcode"/> <input type="text" value="Country"/>
Account name	<input type="text"/>
Account number	<input type="text"/>
Bank sort code	<input type="text"/> - <input type="text"/> - <input type="text"/>
Building society roll number (if applicable)	<input type="text"/>
BIC	<input type="text"/>
IBAN	<input type="text"/>
SWIFT (Sort/Routing/ABA) code	<input type="text"/>
Currency of account	<input type="text"/>
How long has the account been held for?	<input type="text"/> Years

Intermediary Bank Details (if applicable)

Note, as per our Policy, payment of Benefit is made in the Policy Currency.

An Intermediary Bank needs to be used when sending any currency other than the local currency to the destination country. Should Intermediary Bank Details not be provided, Utmost will make payment through an Intermediary Bank of their choice which could result in a delay in receiving the funds.

Full name of intermediary bank	<input type="text"/>
Intermediary bank SWIFT code	<input type="text"/>

E TRUSTEE/POLICYHOLDER BANK DETAILS FOR CLAIMS PAYMENT

- If your claim is in relation to **Death Benefit** Please Fill in **E1**.
 If your claim is in relation to **Terminal Illness** Please Fill in **E2**.
 If your claim is in relation to **Dependant Annuity Benefit** Please Fill in **E3**.
 If your claim is a **Result of an Accident** Please Fill in **E4**.

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

E1 - DEATH BENEFIT

1. Date of death of the employee
 2. Please confirm the Earnings of the employee at the date of death

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

3. Amount of benefit paid
 4. Date the benefit was paid

E2 - TERMINAL ILLNESS

Only complete this section if your policy provides for a terminal illness benefit as confirmed on the Policy Schedule.

Total benefit amount

Please enclose a completed Physician's Statement of Terminal Illness Form.

E3 - DEPENDANT ANNUITY CLAIMS

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

1. Please confirm who the claim is for Spouse/Partner Child
 2. Spouse/Partner full name
 3. Date of birth of the employee
 4. Date of death of the employee
 5. Address

 6. Home telephone number
 7. Mobile telephone number
 8. Email address
 9. Relationship to employee
 10. Spouse/Partner National Insurance number/PPS number
 11. Amount of benefit payable

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

FULL NAME OF CHILD	DATE OF BIRTH	CHILD'S NATIONAL INSURANCE NUMBER / PPS NUMBER
	d d m m y y y y	
	d d m m y y y y	
	d d m m y y y y	

Bank Details

Who is the payee?

Bank name and address

Postcode Country

Account name

Account number

Bank sort code - -

Building society roll number (if applicable)

BIC

IBAN

SWIFT (Sort/Routing/ABA) code

Currency of account

How long has the account been held for? Years

Intermediary Bank Details (if applicable)

Note, as per our Policy, payment of Benefit is made in the Policy Currency.

An Intermediary Bank needs to be used when sending any currency other than the local currency to the destination country. Should Intermediary Bank Details not be provided, Utmost will make payment through an Intermediary Bank of their choice which could result in a delay in receiving the funds.

Full name of intermediary bank

Intermediary bank SWIFT code

E4 - ACCIDENTAL DEATH AND/OR DISMEMBERMENT

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

1. Date of accident
2. Date of death, if applicable
3. Please confirm how the accident occurred
4. To which hospital was the employee taken
5. Was a police investigation carried out? Yes No
6. Was there a post-mortem? Yes No
7. Was there an inquest? Yes No

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

8. Please describe the dismemberment sustained, if applicable.

F TRUSTEE/POLICYHOLDER DECLARATION

I confirm I have read the Utmost PanEurope and (or) Utmost Worldwide 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 and (or) Utmost Worldwide Privacy Notice.

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

Name

AUTHORISED SIGNATURE

Position

Date

IMPORTANT - Please check that the following information is submitted along with the completed claim form for relevant type of claims.

Where documentation is provided in a language other than English, a certified translation should be included.

For Death or Accidental death claims

- Three months payslips.
- A certified copy of the death certificate or equivalent.
- Completed Physician's Confidential Statement of Death form, if required by Utmost.
- For accidental death claims we need an accident /incident report. (i.e. a report from the Employer, GP or local Police).

For Terminal Illness claims

- Three months payslips.
- Completed Physician's Statement of Terminal Illness Form.

For Dependent Annuity claims

- Employee's three months' payslips.
- Provide an original birth certificate, certified proof of identification, verification of bank account (e.g. bank statement showing name of the account or bank letter confirming the account name and account number) 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.
- 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.
- Other relevant forms as required by Utmost.

For Dismemberment claims we need, from the employee

- Employee's three months' payslips.
- A completed and signed Employee Claim Form.
- A certified copy of their Birth Certificate, Driver's Licence or Passport.
- Completed Physician's Confidential Statement of Dismemberment Form.
- An accident /incident report (i.e. a report from the Employer, GP or local Police).

A WORLD *of* DIFFERENCE

www.utmostinternational.com

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

Utmost PanEurope 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, Ireland C15 CCW8.

Utmost Worldwide Limited is incorporated in Guernsey under Company Registration No. 27151 and regulated in Guernsey as a Licensed Insurer by the Guernsey Financial Services Commission under the Insurance Business (Bailiwick of Guernsey) Law, 2002 (as amended), with a registered office at Utmost House, Le Truchot, St. Peter Port, Guernsey, GY1 1GR.

UCS LD PR 00089 | 04/25