

Voluntary Life Assurance Plan spouse/ partner's death claim notification

Please make sure you complete all fields on this form. If vital information is missing we'll return the form and won't be able to make any payments.

Please complete in **BLOCK CAPITALS**.

Policyholder's name

1. About the employee

Employee's surname

Employee's forename(s)

Date of birth
(DD/MM/YYYY)

When did the employee join
the company?
(DD/MM/YYYY)

Employee's occupation

Location of employer where
member was last employed

2. About the spouse/partner

Surname

Forename(s)

Deceased's address

Postcode

Date of birth
(DD/MM/YYYY)

Date of death
(DD/MM/YYYY)

Marital status at
date of death

Cause of death as shown
on death certificate

National Insurance number

