

Group Life Assurance Death Claim Form

In order for any claim to be assessed we must be provided with the following evidence and information.

Section 1 - Deceased's Details

Full Name:	
Surname:	
Date of Birth:	D D M M Y Y Y Y
Identity/passport number:	
Occupation:	
Annual Salary: (please stipulate currency)	
Nationality:	
Based at:	
Home Address	
	Postal code
Policy Number:	
Date first employed by Policyholder:	D D M M Y Y Y Y

Section 2 – Evidence

Please provide the following evidence:

- a) Official Death Certificate;
 - b) Official Document proving deceased's date of birth;
 - c) Detailed medical report on the onset, and cause of illness, disease or bodily injury which caused death, or in the event there was no medical treatment, a medical or official certificate shall state the cause and circumstance of death;
 - d) Evidence the deceased was an employee of the Assured at the date of death;
 - e) Evidence of salary at date of death.



v1/22102018/Unilife/Death Claim Form



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Section 3 – Other Information

Please answer the following and provide full details where necessary. Please use this space provided for additional comments if necessary:

a) Where was the Deceased's usual place of work at date of death?

b) Has the Deceased been previously medically underwritten?

c) Was the Deceased a PHI/Disability, or Personal Accident Claimant?

d) Was the Deceased temporarily absent from his usual occupation at date of death?

e) Confirm and provide evidence that the Deceased was Actively at Work at the Policy Inception date, or the date when deceased was first eligible for coverage.

f) Was the Deceased absent for more than 10 consecutive days in preceding 3 months prior to Policy Inception?

g) Was the cause of death due to any policy exclusions as per bound risk confirmation, Policy Document or those listed below:

i. War, Terrorism or warlike action (whether declared or not), civil war, rebellion, insurrection, or military or usurped power;

- ii. Attempted Suicide, or self-inflicted injury, misuse of drugs or alcohol, or HIV/AIDS;
- iii. Explosive charges;
- iv. Due to kidnap or ransom;





Additional Information

Please use this space provided for additional comments if necessary:

Please note that we reserve the right to request any further information or documentation that is necessary to consider the claim.

If you require any further details, please ask your financial adviser.

Alternatively you can contact your nearest Unilife office, details of which are available on our website, or get in touch using our email address: administration@unihealthandlife.com





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