

Death Benefit Claim Form

This form should be completed by the Trustees of the life assurance scheme or by their appointed agent/broker and returned to Irish Life. Please complete every item on this form in BLOCK CAPITALS.

If any item is blank or illegible, this will cause a delay in processing your application. Return to: Irish Life Corporate Business, Technical Risk Admin, Irish Life Centre, Lower Abbey Street, Dublin 1 or email to code@irishlife.ie. Telephone: 01 704 2000.

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 Irish Life Data Privacy Notice which is always available on our website at http://www.irishlifecorporatebusiness.ie or you can ask us for a copy.



Section 1: Personal Details

Title Mr Mrs Miss Ms Other
First Name Surname

Date of Birth Date of Death

Relationship Status Married Single Widow(er) Separated Divorced Civil Partner

Date deceased joined the company

Date deceased joined the scheme (for life assurance cover)
Was this the first available opportunity? Yes No

If not, why?

Date last actively at work

Please tick one

Use both first name and

surname in your employee

records.

Death confirmed by Death Certificate Coroner's Report

Cause of death (if known)?

Duration of illness (if known)?

Section 2: Scheme and Renewal Details

Scheme Name

Scheme Number

Category Number

Was the deceased included on the renewal data in the year the benefits are being claimed? Yes No I confirm the deceased's details are correct in the last renewal schedule Yes No

Section 3: Salary Definition

Write the full salary definition below	Salary	Social Welfare Deduction	When does the salary increase? (Please tick)	
	€	€	A. Renewal	Or
			B. Immediately	

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Section 4: Benefit Structure and Salary Details

Write the formula for calculating the lump sum below	What Salary is used?	Lump Sum	
	€	€	
Write the formula for calculating the spouse's pension below	What Salary is used?	Spouse's Pension	
	€	€	
Write the formula for calculating the child pension below	What Salary is used?	Child Pension	
	€	€	

Number of eligible children

If children's pensions are to continue while in full-time education, at what age will they cease?

Will the pensions escalate? Yes No

Escalation rate %

Escalation type Fixed Restricted to Consumer Price Index (CPI)

Salaries submitted for the last two years € €

If the salary to be used for the claim is more than 5% higher/lower than the most recent salary submitted to Irish Life please state the reason below.

Section 5: Requirements for payment of benefits

For prompt payment of the benefits due it is important that the following requirements are submitted to Irish Life.

- > This claim form fully completed.
- > Trustee bank account details.

Name of account

- > Certified copy of the death certificate or Coroner's 'Fact of Death' report if available.
- > Birth and marriage certificates where dependant's pensions are to be set up.
- > PPS number for all dependants who will receive a pension (the pension cannot be set up without this).
- > Where a pension is being set up we need the header of a recent bank statement showing the BIC, IBAN and Name and Address of the account holder, dated within the last 6 months.

Section 6: Trustee Bank Account Details

Please fill in bank details

Bank Account Number (IBAN)	-	-	-	-	-
Swift Bic	-	-			
Name/Names of Account Owners					
Address of bank					

Section 7: Declaration and Authorisation

Please sign

and date

I confirm I have been informed about the Irish Life Data Privacy Notice and where to find this. I have also notified those whose personal details I have provided to you with details of where they can find the Irish Life Data Privacy Notice.

I declare that the information I have given above is correct. I authorise Irish Life to proceed to make the payment(s) due in respect of this claim, subject to admission of claim.

Name Position

Trustee/Appointed Broker Signature Date

