

# 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](mailto: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

Use both first name and surname in your employee records.

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 know, why?						

Please tick one

Date last actively at work		
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	



## Section 7: Declaration and Authorisation

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.

Please sign  
and date

Name

Position

Trustee/Appointed Broker Signature

Date