

HAMPSHIRE POLICE
LIFE ASSURANCE SCHEME

Notice of Members Death

Name of Member: _____ Collar Number: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

Name of Spouse/Partner/Child: _____

Date of Birth: ____/____/____ Date of Death: ____/____/____

Category of Member (please tick/delete as appropriate)

| | |
|--|--|
| a) Serving Officer | |
| b) Police Staff | |
| c) Special Constable | |
| d) Retired Member - under 65 | |
| e) Retired Member - 65 - 69 | |
| f) Spouse/Partner of a, b, c, d or e above | |
| g) Child of a, b, or c above | |

Documentation required

Enclosed

| | |
|---|--|
| Original Death Certificate / Coroners Certificate | |
| Proof of Membership | |

Benefit Claimed (include supplementary amount if applicable)

| | |
|----------------------------|---|
| Member Sum Insured | £ |
| Spouse/Partner Sum Insured | £ |
| Child Sum Insured | £ |

We confirm that the deceased was a member of the scheme in accordance with the terms and conditions of the above Policy at the date of death and that the member's scheme benefit is as stated at the date of death.

FOR AND ON BEHALF OF THE TRUSTEES: -

| | |
|--------------------------------------|-------|
| Date joined Police Insurance Scheme: | |
| Date of Retirement (if applicable): | |
| Signed: | Date: |
| Official Position: | |

Settlement of this claim will be made by electronic transfer to the Policyholder who is: -

The Trustees of the Hampshire Scheme

Trustees Bank Details: -

Bank Account Name: _____

Bank Account Number: _____

Bank Sort Code: _____

Bank Name: _____

Bank Address: _____