

Group Terminal Illness for Police Federations

Claim form

Claims procedures

As soon as practicable after the date of diagnosis of a terminal illness, please fully complete this form in **BLOCK LETTERS**. It should be signed by an authorised signatory of the Federation.

Please note that in order to satisfy a claim, the insured person's illness must meet the definition of a terminal illness described with the Policy Conditions. Please refer to your Policy or Technical Guide.

In addition we will initially require:

- A fully completed personal statement, signed by the insured person.
- Where a spouse's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document, and birth certificate.

These should be sent to:

CMS Claims Team, Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER.

Claim forms are available by contacting us at the above address. A leaflet providing further information is also available.

The completed claim form and personal statement must be submitted to us as soon as possible following the diagnosis.

Once we have received all our initial requirements, we will advise you within five working days:

- of any further information we require to assess the claim, or
- if we are unable to process the claim and the reason(s) why.

We will then obtain details of the insured person's medical history and treatment from their General Practitioner and/or consultant.

We will also consider any medical reports or additional information that is provided.

Claims will be withheld if any information relating to any aspect of the scheme that we have asked for is outstanding or the premiums we have asked for have not been paid when due.

Federation details

Federation name	<input type="text"/>		
Group policy number	<input type="text"/>		
Federation address	<input type="text"/>		
	Postcode	<input type="text"/>	<input type="text"/>
Federation contact name	<input type="text"/>		Title <input type="text"/>
Telephone number	<input type="text"/>	Email address	<input type="text"/>

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Member's personal details

To be completed in respect of the member even if claim is being made for member's partner.

Member's surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Maiden name	<input type="text"/>		
Address	<input type="text"/>		
		Postcode	<input type="text"/>
Date of birth <i>(day, month, year)</i>	<input type="text"/>		
Telephone number	<input type="text"/>		
Address at which member is normally employed	<input type="text"/>		
		Postcode	<input type="text"/>
Contact name	<input type="text"/>	Title	<input type="text"/>
Telephone number	<input type="text"/>		

Date on which the member first:

became eligible for the group terminal illness scheme
(day, month, year)

joined the group terminal illness scheme
(day, month, year)

If the member did not join when first eligible, please give reason why

Partner details

Details of partner for whom benefit is being claimed (if different to above)

Surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Maiden name	<input type="text"/>		
Date of birth <i>(day, month, year)</i>	<input type="text"/>		

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Terminal illness

Nature of illness/disability

Date of diagnosis of terminal illness (day, month, year)

Is the member still included in the scheme? Yes No

Benefit details

Scheme salary £

Terminal Illness benefit £

Benefit calculation (eg % of life benefit)

Spouse/partner benefit

Nature of illness/disability

Declaration

We, the Grantees of the Group Policy, hereby apply for payment of benefit(s) based upon the information provided on this form and in accordance with the Policy. We declare that to the best of our knowledge and belief the particulars set out on the preceding pages are complete and true. (Failure to give complete and true answers could result in the payment of any benefit being refused).

To be signed by an authorised signatory of the Federation.

Signature

Date (day, month, year)

For and on behalf of the Grantees

Capacity

Please pass the completed form to your financial adviser or return it direct to:

CMS Claims Team
Canada Life Limited
3 Rivergate
Temple Quay
Bristol BS1 6ER

Our forms are available to download from our website: www.canadalife.co.uk/group

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GRP724 – 311R



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