

Death Benefit Claim Form



Irish Life

Irish Life Corporate Business

This form should be completed by the Trustees of the assurance scheme or by their appointed agent/broker and returned to the Irish Life address. **Please complete every item in BLOCK CAPITALS.** If any item is blank or illegible then it will cause a delay in processing your application.

Return to:

Irish Life Corporate Business
Risk Corporate Team
Irish Life Centre
Lower Abbey Street
Dublin 1

phone: 01 704 2000

fax: 01 704 1900

1. PERSONAL DETAILS

Name of Life Assured (Name of Deceased Person)

Title (Mr/Ms/etc)

First Name Surname

Date of Birth / / Date of Death / /

Marital Status Married Single Widow(er) Separated Divorced Dependant

Date deceased joined the company / /

Date deceased joined the scheme (for life assurance cover) / /

Confirmation of Death Death Certificate* Coroner's Report* (tick one)

*A death certificate or Coroner's "Fact of Death" report should ideally accompany this claim form. However if it is not available please write the reason below and when you expect it to be available.

Cause of Death

2. SCHEME AND RENEWAL DETAILS

Scheme Name

Scheme & Category Number(s) Scheme Category

Was the deceased included on the renewal data in the year the benefits are being claimed?* Yes No

*If renewal data is not with Irish Life, please forward a copy, as the claim will not be admitted without such data. Provisional data will suffice.

Do not proceed with this form if:

- A) The deceased was not included in the renewal covering year of death.
- B) The deceased was an income protection claimant but was omitted from renewal data covering year of death.
- C) The deceased was an income protection claimant but an incorrect salary was returned covering year of death.
- D) Benefit(s) are being claimed which are not consistent with renewal data returned covering year of death.

In these circumstances please contact us on 01 8563907.

Are the benefits claimed consistent with renewal data and scheme rules? Yes No

