

Canada Life

Group Terminal Illness advance for Police Federations

Claim Form Group Terminal Illness Advance – for Police Federations

Claims procedures

Please note that in order to satisfy a claim, the insured person's illness must meet the definition of terminal illness described within the Policy Conditions.

The definition is:

A definite diagnosis by the attending Consultant of an illness that satisfies both of the following:

- The illness has either no known cure or has progressed to the point where it cannot be cured and,
- in the opinion of the attending Consultant the illness is expected to lead to death within 12 months.

Canada Life will need medical confirmation of the diagnosis. Many patients are sent copies of clinical letters by their doctors and specialists and sight of these may help us to assess claims more promptly. The Personal Statement form indicates what medical information should be provided.

In addition we will initially require:

- A fully completed personal statement, **together with medical evidence**, signed by the insured person.
- Where a spouse's or civil partner's benefit is being claimed, an original copy of the spouse's marriage certificate or civil partnership document.
- If the policy includes cover for co-habiting partners and the claim is being made for this benefit, we will require documentary evidence of the relationship, such as mortgage documentation, a utility bill or bank statement.

These should be sent to:

**Claims Management Services,
Canada Life Limited,
3 Rivergate,
Temple Quay,
Bristol BS1 6ER.**

Please note that in order for us to pay any insured benefit we must receive a completed Claim Form and Personal Statement within 6 months of the date that the insured person's illness became terminal.

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, and we will then obtain details of the insured person's medical history and treatment from their General Practitioner and/or consultant, if necessary.
- if we are unable to process the claim and the reason(s) why.

Any questions

If you any questions regarding the completion of the form or the submission process, please call us on: **0117 916 4463**.

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Federation details

Federation's name	<input type="text"/>		
Group policy number (if known)	<input type="text"/>		
Federation's head office address	<input type="text"/>		Postcode <input type="text"/>
Federation's contact name	<input type="text"/>		
Telephone number	<input type="text"/>	E-mail address	<input type="text"/>

Member's details

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

Member's surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Previous name(s)	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Date of birth (day, month, year)	<input type="text"/>	Telephone number	<input type="text"/>

Date on which the member first:

1 joined the employer's service (day, month, year)

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

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

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

Spouse/partner details

Details of person for whom benefit is being claimed (if different from the member)

Surname	<input type="text"/>	Title	<input type="text"/>
Forename(s)	<input type="text"/>	Marital status	<input type="text"/>
Previous name(s)	<input type="text"/>		
Date of birth (day, month, year)	<input type="text"/>	Relationship to member	<input type="text"/>
1 Date on which the spouse/partner first joined the scheme:	<input type="text"/>		

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Terminal illness

1	Nature of illness	<input type="text"/>							
2	Date of terminal diagnosis (day, month, year)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							

Benefit details

1	Terminal illness benefit	£ <input type="text"/>
2	Benefit calculation (e.g. % of Life Benefit)	<input type="text"/>

Declaration

We, the Policyholder 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 official of the Federation.

Signature	<input type="text"/>	Date (day, month, year)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>							
Capacity	<input type="text"/>									

For and on behalf of the Policyholder

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

**Claims Management Services,
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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Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

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Canada Life
Group Insurance

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