



If the deceased was not 'Actively at Work' on their date of death what was the reason for absence.

## Section B1- death overseas

To be completed if the death took place outside of the UK. Please ensure that the original death certificate is provided along with an official translation in cases where a certificate has not been issued in English.

Date of departure

D D M M Y Y

Date of intended return

D D M M Y Y

Country visited

Reason for visit (e.g. Business, Holiday)

## Section C – payment options

### Section C1 – lump sum

Salary used to calculate sum assured

Salary as at

D D M M Y Y

Benefit calculation (e.g. 4 x salary, flat benefit)

Contracted hours (e.g. 35 hours)

Salary hourly rate £

Benefit being claimed

### Section C2 – spouses dependants pension

Please complete this section if a Spouse, Civil Partner, Dependant or Dependent Children claim is payable under this policy.

Salary used to calculate sum assured

Salary as at

D D M M Y Y

Pension calculation basis

Escalation rate(s)

Pension amount

If Applicable, amount of

Guaranteed Minimum Pension accrued before 6 April, 1998

Guaranteed Minimum Pension accrued after 6 April, 1998

Name of spouse Date of birth D D M M Y Y

Name of dependant 1 Date of birth D D M M Y Y

Name of dependant 2 Date of birth D D M M Y Y

Name of dependant 3 Date of birth D D M M Y Y

## Section D – payment of benefit

### Section D1 – payment of funds

Please confirm who the funds are to be paid to:

Trustee(s)                       Company                       Beneficiary(ies)

If the funds are to be paid by Omnilife to the Beneficiary or the Company we will require a letter signed by the Trustees confirming this.

Name of beneficiary Date of birth D D M M Y Y

Name of beneficiary Date of birth D D M M Y Y

### Section D2 – payment details

Please provide the following electronic transfer information:

Account name

Account number Sort code

Bank name and address

## Check list

Please note we require sight of the Original Death Certificate

Fully completed claim form

Original death certificate

Evidence of earnings

Declaration signed

If a Spouses Pension is being claimed

Birth certificate

Marriage certificate (if applicable)

## Declaration

We certify that the above Member was a member of the Scheme and was entitled to the benefits shown above which we now claim and confirm the details provided are correct to the best of our knowledge. We understand that Omnilife Insurance Company Limited shall discharge it from all liability in respect of this claim.

Signed on Behalf of the Trustees

Full Name of Trustee

Date

D D M M Y Y

**Omnilife**, 24 Chiswell Street, London EC1Y 4TY

**Telephone:** 020 7374 0123

**Email:** Claims@omnilife.co.uk

**Website:** www.omnilife.co.uk