



DEATH CLAIM FORM

SINGLE LIFE PLAN WHERE THE AMOUNT PAYABLE IS LESS THAN €100,000



A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, your broker, any bank, financial institution or Garda Station

Before you give us your personal information it is important that you know what your data protection rights are and how and why we use your personal information. This is set out in the Irish Life Data Privacy Notice which is always available on our website at www.irishlife.ie or you can ask us for a copy.

We can only fully process your claim when we receive all of the documents we need.

HOW TO CLAIM

WHERE THE DECEASED LEFT A WILL

To process this claim we need the following:

1. A fully completed claim form.
 - Section A & B of this claim form completed by the Executor(s)
 - Section D should be completed by the Executor(s) should you require your cheque to be payable to your solicitor's client account.
2. Certified copy of the Will
3. Certified copy of the Death Certificate which notes the medical cause of death.

Note: If the full Death Certificate is not yet available, please provide us with a certified copy of the interim death certificate and any further information surrounding the circumstances or cause of death. This will help us begin medically assessing the claim. Any additional information can be completed in the additional information box provided on the final page of this claim form.

WHERE THE DECEASED LEFT NO WILL

To process this claim we need the following:

1. A fully completed claim form.
 - Section A & C of this claim form completed by the Claimant/Next of Kin
 - Section D should be completed by the Claimant/Next of Kin should you require your cheque to be payable to your solicitor's client account.
2. Copy of valid photographic and address identification (e.g. passport or driving licence and a utility bill or bank statement dated within the last 6 months) for the person claiming
3. Certified copy of the Death Certificate which notes the medical cause of death.

Note: If the full Death Certificate is not yet available, please provide us with a certified copy of the interim death certificate and any further information surrounding the circumstances or cause of death. This will help us begin medically assessing the claim. Any additional information can be completed in the additional information box provided on the final page of this claim form.

A certified copy is a copy of the original document which has been stamped as a true copy by your solicitor, your broker, any bank, financial institution or Garda Station

Further information on claiming - please read

We need relevant personal health information to assess this claim. We may need to contact you if we need to clarify any information or ask you for further information. We may also need to get relevant personal health information in connection with this claim from GPs, consultants, hospitals or other health professionals. We may use the health information obtained at this claim for any subsequent claims to Irish Life.

If you have any queries regarding the claims process, please refer to the 'Death claims - a guide to claiming under a life assurance plan' booklet. A copy is available on our website www.irishlife.ie.

If you have any questions about filling in this form, please contact our Customer Service team on 01 704 1010 or email protection@irishlife.ie

In the interest of customer service we will record and monitor calls.

Our lines are open:

8am - 8pm Monday to Thursday

10am - 6pm Friday

9am - 1pm Saturday

Please return this form and other documents to -

Protection Claims Team,

Irish Life Assurance plc,

Lower Abbey Street,

Dublin 1, Ireland.

By sending you this form we are not admitting liability.

SECTION A

Plan and Estate Details

Life Covered

(Name of the person who has died)

Date of Death

Plan Numbers

Did the person who has died leave a will?

Yes

☐

No

☐

Is probate being extracted?

Yes

☐

No

☐

Is there a surviving widow or widower?

Yes

☐

No

☐

Are there any children over 18?

Yes

☐

No

☐

SECTION B

The Executor must fill this in

Name of Executor

Relationship to deceased

Name of 2nd Executor
(if applicable)

Relationship to deceased

Declaration

I am legally entitled to claim the amount you will pay under the plan(s) shown above. I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claims. If you decide not to wait for Grant of Probate or Letters of Administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration.

Name of Executor

(BLOCK LETTERS)

 Please sign

Signature of Executor

(as shown in the will)

Name of 2nd Executor
(if applicable)

(BLOCK LETTERS)

 Please sign

Signature of 2nd Executor
(if applicable)

(as shown in the will)

Date

Authorisation

I authorise Irish Life to request and receive personal health information from any GPs, consultants, hospitals or other health professionals who attended the person who has died, concerning their physical or mental health.

Name of Executor

(BLOCK LETTERS)

 Please sign

Signature of Executor

(as shown in the will)

Name of 2nd Executor
(if applicable)

(BLOCK LETTERS)

 Please sign

Signature of 2nd Executor
(if applicable)

(as shown in the will)

Date

Name and Address where we should send the cheque.

Name

Address 1

Address 2

Address 3

Contact Details

Contact Number

Email Address

Any additional information in relation to us contacting you on the claim in general

SECTION C

The Claimant/Next of Kin should complete this section where the person who has died has left no will, in order to claim

Declaration:

I declare that all answers given by me in this statement are, to the best of my knowledge and belief, true and complete.

I understand and agree that the claim with Irish Life Assurance plc (Irish Life) will be based on all personal and health information Irish Life hold from applications and all personal and health information received for any claims. If you decide not to wait for Grant of Probate or Letters of Administration, I agree to indemnify you against any claims or costs you may suffer as a result of relying on this declaration.

Name of the Claimant/Next of Kin

Relationship to the deceased

Signature

Date

 Please sign and date

In order to process the claim and make a payment to the Claimant/Next of Kin we need the following:

- If the Claimant/Next of Kin is a surviving husband or wife - all the deceased's children (if applicable) over 18 must sign below.
- If the Claimant/Next of Kin is a child (over 18) of the person who has died and there is a surviving spouse - all the deceased's other children (if applicable) over 18 AND the surviving spouse must sign below.
- If the Claimant/Next of Kin is a child (over 18) of the person who has died and there is no surviving spouse - all the deceased's other children (if applicable) over 18 must sign below.
- If the Claimant/Next of Kin is a brother or sister of the person who has died and there is no surviving spouse - all other brothers and sisters (if applicable) must sign below.
- If the Claimant/Next of Kin is a parent of the deceased - the other parent must sign below.

I/we the undersigned understand and agree that in the event of a valid claim with Irish Life Assurance plc the money will be paid to the Claimant/Next of Kin noted above

Name	Signature	Relationship to person who has died
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name and Address where we should send the cheque

Name

Address 1

Address 2

Address 3

Contact Details

Contact Number

Email Address

Authorisation:

I authorise Irish Life to request and receive personal health information from any GPs, consultants, hospitals or other health professionals who attended the person who has died, concerning their physical or mental health.

Name

Signature

Date:

 Please sign and date

SECTION D

If you require the cheque to be made payable to your solicitor's client account, please provide us with your solicitor's name and address and sign below


Please sign

Name of Executor/Claimant/Next of Kin

Signature of Executor/Claimant/Next of Kin

X


Please sign

Name of 2nd Executor
(if applicable)

Signature of 2nd Executor
(if applicable)

X

Date:

dd / mm / yyyy

We can only fully process your claim when we receive all of the documents we need. By sending you this form we are not admitting liability.

Please use this space to provide any more information that you think may help us to process this claim faster or to outline any specific instructions you would like us to note.

Thank you.

Additional Information

In the interest of customer service we will record and monitor calls.
Irish Life Assurance plc is regulated by the Central Bank of Ireland.

Irish Life Assurance plc, Irish Life Centre, Lower Abbey Street, Dublin 1. T: 01 704 1010 • F: 01 704 1900
Irish Life Assurance plc, Registered in Ireland number 152576, Vat number 9F55923G.



Irish Life