HOW TO MAKE A CLAIM ON YOUR LIFE ASSURANCE POLICY

Introduction

This guide shows you the steps to take to make sure your claim is dealt with as quickly and fairly as possible.

Contents

1. Completing the claim form and what documents you must provide

Included with this guide is a claim form. You should complete this claim form and include the following documents:

- The original death certificate or coroner's interim death certificate.
- If the estate exceeds £30,000, please send us an original Grant of Representation/Confirmation of Estate.
- If the estate is £30,000 or less, please send us any of the following documents which are available:
  - **an original Grant of Representation**

    A Grant of Representation establishes who can legally collect money from banks, building societies and other organisations that hold assets belonging to the deceased person. Not every estate needs a grant. If you are in any doubt you should check the **gov.uk** website for guidance.
  - **the original will**

    A will should name one or more executors who are responsible for collecting in all money, paying debts and distributing any legacies left.
    Note – you do not need to send the will if a Grant of Probate is being obtained.
- If the policy has been transferred, sold, mortgaged or charged, the person or company who has received it must make the claim and include the original deeds.

If you are in any doubt as to whether the claim payment is part of the estate, please complete Section C of the claim form or phone us on **0345 605 7777.**

Once completed, send the form and the relevant documents back to us (we'll return any original documents back to you straightaway) in the prepaid envelope provided.

2. Assessing your claim

We would like to be able to pay your claim as soon as possible and when we receive the completed claim form and relevant documents we will start our assessment process.

During our assessment we will assess whether:

- The life assured's date of birth is correct.
- We need to do any further investigations or need any more information.
- The premiums have been paid up to the date of death.
- The life assured informed us of all relevant information covering their health at the time they took out the policy.

Once we receive all the information we need to assess your claim we will aim to get a cheque issued to you within five working days.

3. Letting you know our decision

As soon as we have completed our assessment we'll write to you to let you know our decision. We will aim to do this within five days of receiving all the information we need. Our decision will either be to:

- pay your claim in full (this would happen in the vast majority of claims)
- pay part of your claim
- decline your claim.

Once we have let you know our decision and the claim has been paid or declined, cover under the policy will end. If the premiums were paid by direct debit you should notify the bank or building society to stop these payments being made.

Paying your claim

If we agree to pay your claim in full we will send you a cheque within five working days of letting you know our decision. This benefit may form part of the life assured's estate and may be subject to inheritance tax.

If we pay part of your claim

The medical and personal information given to us when the policy was taken out forms the basis of the cover. During our assessment we may find that the information given was incorrect or incomplete. For example we may not have been told about the life assured's existing illnesses, which would have increased the premiums payable to us. In these cases we will usually recalculate the reduced amount of benefit the premiums paid would have bought if they had been paid at the correct level.

We will then send you a cheque within five working days of letting you know our decision. This benefit may form part of the life assured's estate and may be subject to inheritance tax.

If we decline your claim

We may decline your claim for several reasons including:

- Incorrect or incomplete information was provided when the policy was taken out which, had we known, would have resulted in us declining the application for cover.
- Incorrect or incomplete information was provided when the policy was taken out which, had we known, would have led us to offer cover at significantly different terms. We would always investigate this fully and decide if we feel the information was deliberately withheld from us by the life assured before declining a claim.
- Where there is deemed to have been any act of fraud or the claimant will benefit from committing a criminal act.

Our letter to you will let you know the exact reason why we have declined your claim and whether there will be any refund of premiums paid.

Appealing our decision

If we do not pay your claim in full or decline your claim, we'll let you know why we've made that decision. If you feel that our decision, or the information we have based it on, is incorrect you can appeal.

To make an appeal please let us know your reason for this and a Claims Assessor will review your claim. If further evidence is required this will be obtained before any new decision is made.

If we still decide to decline your claim after appeal and you remain unhappy with our decision, you can refer your complaint to the Financial Ombudsman Service (FOS), which provides consumers with a free independent service for settling disputes with financial institutions. Any referral must be made within six months of the date of our final decision. Contact details are as follows:

Financial Ombudsman Service
Exchange Tower
London
E14 9SR.

Telephone: 0300 123 9123

The FOS is totally independent and free to you. The use of the FOS does not prevent you taking legal action if you decide to.

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