

Group Life Insurance Claim Form

1. Insured Member Details

Full Name

Member ID / Policy No.

Date of Birth

Gender

Contact Number

Address

2. Employer / Group Details

Employer / Group Name

Group/Policy Number

3. Claim Details

Date of Death

Cause of Death

Place of Death

Additional Details

4. Beneficiary Details

Beneficiary Name

Relationship to Insured

Beneficiary Contact

Beneficiary Address

5. Declaration

I hereby declare that the information given above is true and complete.

Signature

Date