

Group Insurance Death Claim Form

This **group insurance death claim form** sample template provides a clear and concise format for submitting claims efficiently. It ensures all necessary information about the deceased and policy details are accurately captured. Use this template to streamline the death claim process and facilitate quicker settlements.

1. Details of Deceased Member

Full Name of Deceased:

Date of Birth:

Date of Death:

Cause of Death:

2. Policy Information

Policy Number:

Name of Employer / Group:

Coverage Type:

- Select Coverage -

3. Claimant Details

Claimant's Name:

Relationship to Deceased:

Contact Number:

Address:

4. Required Attachments

Death Certificate

Copy of Insurance Policy

ID Proof of Claimant

Medical Reports (if applicable)

Date:

Claimant's Signature:

(Type name or sign after printing)

Submit Claim