

Group Term Life Insurance Claim Form Sample

Download our **group term life insurance claim form sample** to easily understand the required information and documentation for filing a claim. This sample helps streamline the process and ensures accurate submission. Use it as a reference to avoid delays and errors.

[Download Sample Form \(PDF\)](#)

1. Policyholder Details

Group/Employer Name

Enter group/employer name

Policy Number

Enter policy number

Address

Enter address

2. Deceased Member Information

Full Name of Deceased

Enter full name

Date of Birth

Date of Death

Member ID/Employee Code

Enter member ID/employee code

Cause of Death

e.g. Natural, Accident, Illness

3. Claimant Information

Claimant Name

Enter claimant's full name

Relationship to Deceased

e.g. Spouse, Parent, Child

Contact Number

Enter contact number

Email Enter email address**4. Bank Account Details****Account Holder Name****Bank Name****Account Number****IFSC/Swift Code****5. Required Supporting Documents (Attach Copies)**

- Copy of Death Certificate
- Copy of Government Issued ID (Deceased & Claimant)
- Bank Passbook/Cancelled Cheque
- Policy Document
- FIR/Post-mortem Report (if applicable)
- Any other documents as required by the insurer

6. Declaration & Signature**I confirm that the information provided is true and accurate to the best of my knowledge.****Claimant Signature** Type full name for signature**Date**

Note: This is a sample form for reference only. Please use the actual claim form provided by your insurance company to submit your claim.