

# 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

### Policy Number

### Address

## 2. Deceased Member Information

### Full Name of Deceased

### Date of Birth

### Date of Death

### Member ID/Employee Code

### Cause of Death

## 3. Claimant Information

### Claimant Name

### Relationship to Deceased

### Contact Number

## Email

## 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

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**I confirm that the information provided is true and accurate to the best of my knowledge.**

### Claimant 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.