

1. Insured person

Last name and first names	Personal identity code
Postal address	
Occupation	Date of death

2. Details of the insured person's employer

Name of employer	
Postal address	
Postcode and town	
Telephone	Businedd ID

3. Any queries will be answered by

Name
Telephone
Email

4. Information on the insured person's employment

Which applicable Act on pensions was applied			
TyEL	TEL	LEL	TaEL
Other, please specify			
Employment began	Employment ended		
Last date for which regular pay or sick pay was paid			
Reason for termination of employment? If work ended because of retirement, which pension was this?			

Pay details for the last six months preceding the last actual pay or sick pay

The employment was

permanent

temporary

Name of company's accident insurer

Number of group life insurance policy

5. Beneficiary details (please see the filling instructions)

Names and contact details of all beneficiaries you know of

6. Claim form to the beneficiary

The employer is requested to send the insurance terms and conditions to the beneficiary, along with the claims form to be filled in. The claim form has been sent to the beneficiary?

yes

no

7. Employer's signature

Place and date

Signature and name in print/block letters

Please send the claim to:

Employees' Group Life Assurance Pool, Itämerenkatu 11-13, 00180 Helsinki

Telephone: 0409 222 900

Business ID: 0202495-4, www.trhv.fi

Death benefit claim from employee's group life insurance

Employee's group life insurance is a policy taken out by their employer in case of their death. The insured person is the employee and coverage is based on employment relationship. This is why the details of an employee's last employment relationship are requested from the employer.

The employer should be in contact with any beneficiaries of the deceased. The employer will fill in the form concerning its employee. Send the form to the Employees' Group Life Assurance Pool, which processes all claims and handles the death benefit payments.

Details of the insured person

Please fill in the details of the insured employee (the deceased) that worked for you.

Employer's details

Provide as much employer details as possible, because they may be required for claims processing. As the policyholder, the employer has the right to be informed of the claim settlement decision.

Employment relationship details

Details on the start and end dates of a permanent employment relationship, salary/wage payment and other employment details should be given in as complete form as possible, because coverage of the policy is based on employment relationship. Coverage by the policy has been explained in more detail in the insurance terms and conditions. An employee is covered by the policy when the employment ends during the insurance's validity or within the next three years. If the employment relationship ended with the employee going on full disability pension, coverage remains valid for five years. If the employment relationship end with the employee going on old-age pension, the employee is no longer covered by the employees' group life assurance.

Beneficiaries

The beneficiaries of employees' group life insurance are defined in the insurance terms and conditions. The beneficiaries are the insured person's widow(er), partner of a registered partnership and common-law spouse under certain conditions and the insured person's children under 22 years of age.

Death benefit

Death benefit is only paid on the basis of one employment relationship. The death benefit is always paid when the insured person has beneficiaries specified in the insurance terms and conditions. If there are no beneficiaries, the death benefit will not be paid. The death benefit consists of a basic benefit and any child increases and increases for accidental death. The amount of the benefit is determined on the year of death and the insured person's age.

Payment of death benefit

The death benefit will be paid to the beneficiary. Any benefit to children under 18 or legally incompetent person is paid to an account specified by their trustee. Guardianship authorities will be informed of any benefit paid to an underage child or legally incompetent person.

Form filled in by employer

The employer must, whenever possible, contact the deceased employee's beneficiaries and inform them of the insurance terms and conditions and send them a claim form to fill in. The employer must also provide details concerning the employment relationship using a separate form and send it to the Employees' Group Life Assurance Pool for processing.

Please send the claim to:

Employees' Group Life Assurance Pool, Itämerenkatu 11-13, 00180 Helsinki

Customer Service

Telephone: 0409 222 900, email: trhv@tvk.fi

More information

The insurance terms and conditions and any additional information is available on the Employees' Group Life Assurance Pool website at www.trhv.fi. The claim and the employer's form can also be filled in and printed out from the same address. The form does not need to be signed before it is sent.

The information can be send by a secure email. In addition to send secure email, please go to webpage <https://securemail.tvk.fi/>. Write trhv@tvk.fi as recipient.