


**EMPLOYEES'
GROUP LIFE ASSURANCE**
CLAIM
Filled in by employer

Insured person	Last name		Personal identity code	
	First names		Occupation	Date of death
	Postal address			
Details of the insured person's employer	Name of employer			Business ID
	Postal address			
	Postcode		Town/city	Fax
Any queries will be answered by	Name			Telephone
Information on the insured person's employment	Which applicable Act on pensions was applied TyEL <input type="checkbox"/> TEL <input type="checkbox"/> LEL <input type="checkbox"/> TaEL <input type="checkbox"/> Other, please specify <input type="checkbox"/>			
	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 <input type="checkbox"/> temporary <input type="checkbox"/>			
	Name of company's accident insurer		Number of group life insurance policy	
Beneficiary details	Names and contact details of all beneficiaries you know of			
Please see the filling instructions				
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 No <input type="checkbox"/> Yes <input type="checkbox"/>			
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, Finland	Telephone +358 (0)409 222 900	Fax +358 (0)404 504246	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. The claim settlement decision will be sent to the employer's postal address.

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, or if the last employment relationship of the insured person entitling to compensation ended before 2012, children under the age of 18 and children aged 18 to 21 in full-time study.

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, FINLAND

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 must be signed before it is sent.