


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

<b>Insured person</b>	Last name		Personal identity code		
	First names		Occupation	Date of death	
	Last home address				
	Cause of death Accident <input type="checkbox"/> Homicide <input type="checkbox"/> Other cause <input type="checkbox"/>				
	Was the insured person married or in a registered partnership at the time of death? No <input type="checkbox"/> Yes <input type="checkbox"/>			Name of spouse / registered partner	
	Was the insured person in common-law marriage at the time of death? No <input type="checkbox"/> Yes <input type="checkbox"/>			Name of common-law spouse	
	Was the insured person on pension at death? No <input type="checkbox"/> Yes <input type="checkbox"/>		Pension began on	Which pension and pension institution (copy of pension decision as attachment)	
<b>Details of the insured person's last employer</b>	Employer's name and contact information		Employment began	Employment ended	
			Reason for termination of employment		
<b>Insured person's farming</b>	Did the insured person have a farming at the time of his/her death or at an earlier time? No <input type="checkbox"/> Yes <input type="checkbox"/>				
	If yes, did the farming continue until the date of death? No <input type="checkbox"/> Yes <input type="checkbox"/>				
	If it did not continue until the date of death, please give the end date				
<b>Beneficiaries</b>  Please see the filling instructions	Last name		First names		Personal identity code
<b>Contact details of applicant</b>	The death benefit will be paid to the beneficiary. Any benefit to children under 18 is paid to an account specified by their trustee. Children turning 18 will sign the application personally, and the death benefit will be paid to their own bank account.				
	Last name		First names		Personal identity code
	Street address			Telephone	
	Postcode		Town/city		
	Name of bank to which the death benefit will be paid			Owner of the bank account	
	International bank account number (IBAN)				
<b>Other claims</b>	Has a group life insurance claim been submitted to another company? (State Treasury, Keva, Farmers' Social Insurance Institution Mela) No <input type="checkbox"/> Yes <input type="checkbox"/> Which?				
<b>Signature and authorisation</b>	Widow(ers), registered partnership partners, common-law spouses and children who have turned 18 will sign the application themselves. Claims by children under 18 can be signed by their trustee, usually their guardian. If the application has been signed by someone else, the reason must be explained, complete with a power of attorney if necessary or other related explanation.				
	I assure that the above information is correct. I permit the insurer to obtain information about the person insured and the beneficiaries for the purposes of claim settlement. The insurer may also obtain this information by means of a technical connection. I also agree to it that the insurer may submit information to the State Treasury, Keva, and Farmers' Social Insurance Institution Mela that may be necessary for the purposes of claims processing.				
	Place and date		Signature and name in print/block letters		
<b>Please send the claim to</b>	Employees' Group Life Assurance Pool Itämerenkatu 11-13, 00180 Helsinki, Finland	Telephone +358 (0)409 222 900	Fax +358 (0)404 504 246	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 claimant should be in contact with the deceased person's last employer. The employer will fill in the form concerning its employee. Send the claim to the Employees' Group Life Assurance Pool, which processes all claims and handles the death benefit payments.

### DETAILS OF THE INSURED PERSON

Fill in the details of the insured person (deceased) as accurately as possible. The insurer obtains population register information on the insured person and beneficiaries by means of a technical connection. An official death certificate is required for accidental deaths when an increase for accidental death is applied for

### EMPLOYMENT RELATIONSHIP DETAILS

Details on the insured person's employment speed up the processing, but an application can also be sent without such details.

### 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.

### INFORMATION NEEDED FOR PROCESSING

Compensation is claim by means of a claims form. Please attach the following documents (whichever are applicable):

- 1) A common-law spouse claiming compensation must submit an officially certified contract on mutual support and any other details that may be required to prove that the claimant lived in the same household.
- 2) If the insured person's last employment relationship entitling to compensation ended before 2012, a child aged between 18 and 21 must include a study certificate. Such a study certificate must be issued by the educational institution and concern a study period at the time of the insured person's death. We also require a certificate that it is a full-time study, that is, that the student has not been working at the time when the insured person died.
- 3) Death certificate if the insured person died accidentally, and an increase for accidental death is claimed. A death certificate must always be signed by a doctor and it must include the details and cause of death. If necessary, a police investigation report may also be requested for the claims processing.

### SIGNING THE CLAIM

All legally competent persons sign the claim personally. Children aged more than 18 sign their claims personally. Claims submitted by underage children and any legally incompetent person is signed by their trustee.

### 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 another 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 SERVICES

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](http://www.trhv.fi)