

Using this claim form

This claim form has been designed to help make a claim from a **laya life** policy.

Please answer all the questions below, complete the relevant sections, read and sign the declaration section and ensure the documents required to process the claim are attached.

Further Information

If you have any questions in relation to this form or making a claim, please contact us on tel: 01 536 8000 or email: letushelp@layalife.ie

1 Policy details		
Name of deceased:		
Address of deceased:		
Date of birth of deceased: Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
Date of death: Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
Laya life policy number: <input type="text"/>		
2 Declaration		
<input checked="" type="checkbox"/> I declare that I am legally entitled to claim the proceeds from this policy.		
<input checked="" type="checkbox"/> I confirm the information I have provided regarding this claim is correct and agree to send the original policy documents if available and all required documents to laya life.		
<input checked="" type="checkbox"/> If laya life pay the claim amount based on the information I have given, which is then shown to be incorrect, I agree to repay the money to laya life.		
X Signed: (Claimant or legal representative)		Date:
Name: (In CAPITALS)	Relationship to the deceased:	Contact details:
Signed: (Claimant or legal representative)		Date:
Name: (In CAPITALS)	Relationship to the deceased:	Contact details:
- Please return this form along with the grant of representation, if applicable and other items required as stated in Section 5 overleaf. - Or, if you would like us to consider payment without a grant of representation (if applicable), or before this is received, please complete all the questions in Section 4 overleaf. We will need your signature to be witnessed (your witness should be over the age of 18 and not related to you).		
Witness		
X Signed:		Date:
Name: (In CAPITALS)	Contact details:	
Address:		
Occupation:		

Claims should be sent to:

Laya life, Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181

PLEASE ENSURE ALL QUESTIONS ARE COMPLETED IN FULL.
IF ANY ANSWERS ARE MISSED IT WILL CAUSE DELAYS IN ASSESSING YOUR CLAIM.

Your insurance is provided by IptiQ Life SA. Laya Healthcare Limited trading as Laya Life and Laya Healthcare is regulated by the Central Bank of Ireland. Laya Healthcare is a private company limited by shares registered in Ireland, No 242048. The registered office of Laya Healthcare Limited is Eastgate Road, Eastgate Business Park, Little Island, Co. Cork, T45 E181.

looking after you always

3 Claim Payment Details

Bank Account Details

Name(s) of account holder(s):

Address of account holder(s):

IBAN:

BIC:

Please write the full name and address of your bank or building society

Signature(s):

Date: Day Month Year

4 Estate

Please complete Section 4 if you would like us to consider payment without a grant of representation. Please note it is not always possible to make payment without a grant of representation so Laya Life reserves the right to insist that a grant of representation is obtained.

Did the deceased leave a will: Yes No

- If there is a will then all people named as executors must sign this claim form.
- If there is no will then all of the immediate next of kin will need to sign this claim form.

Please list all people legally entitled to make the claim

NAME: eg. J O'Brien	RELATIONSHIP TO THE DECEASED: eg. Widow or executor

5 Requirements (To process this claim we also need the following information/documents where relevant:)

Death certificate (certified copy)	<input type="checkbox"/>
Certified copy of the grant of representation (if applicable)/letter of administration	<input type="checkbox"/>
A copy of valid identification of the person making the claim e.g. passport or driving licence	<input type="checkbox"/>
Will (certified copy) in cases where a will was made	<input type="checkbox"/>
Address verification if policy holders address has changed in the last 12 months e.g. utility bill or bank statement	<input type="checkbox"/>

A certified copy is a copy of the original document which has been stamped as a true copy by a solicitor, any bank or financial institution or at a Garda Station. We can only fully process the claim when we receive all documents required. By sending you this form we are not admitting liability.

Note: What is a grant of representation? Where someone dies leaving a will you may be able to apply for a grant of representation known as probate. If there is no will you may be able to apply for a grant of representation to be the administrator of the estate, if you are the person's next of kin, eg. their spouse, civil partner or child. If Laya Life decides that it can make payment without any grant of representation, you will be asked to sign a separate short form.

Please use the space below to provide us with any more information that you think may help us to process this claim faster or to outline any specific instruction you would like us to note.

Data Protection Statement

We may use the information about you that we hold (both personal and sensitive personal information) for the following purposes:

- for managing and administering your insurance policy
- for underwriting and claims handling
- for money laundering prevention purposes

In order to provide you with products and services, this information will be held in the data systems of Laya Life and IptiQ Life SA or by our agents or subcontractors.

We may share your personal information with hospitals and/or consultants to aid the efficient processing of claims. In the interest of customer service, calls are recorded and monitored.

It may be necessary for us to collect sensitive information

(such as medical conditions) about you and others named on the insurance policy

We collect information about you, to include all necessary information as Laya Life or its authorised agents may obtain (or seek from your physician or a hospital) in connection with any treatment or other services provided to you or your dependent(s). This may include (with respect to any claims under this Policy) copies of hospital/medical records, by which we mean the following in particular:

- records of physical or mental illness or ill-health;
- medical histories;
- records of treatments obtained by you;
- length of any stay in a hospital.

In general we will also include other relevant and pertinent information which we require to administer your policy and/or manage, assess or administer any claims

thereunder from time to time.

Medical information will be kept confidential and may be disclosed, to those involved in the assessment and management of a potential claim. However, anonymised data - that is, information which does not identify an individual - may be used by Laya Life, or disclosed to others, for research or statistical purposes.

Access to non-medical information may be granted by Laya Life to others on a strictly confidential basis in the course of and for the purpose of the efficient administration of Laya Life (for example, in connection with audit, systems development, managing or improving our services).

We take our security responsibilities seriously, employing the most appropriate physical and technical measures, including staff training and awareness. We review our security measures and procedures regularly.

