KEANEY INSURANCE BROKERS LTD.

Please complete and sign the Form and forward along with the requested documentation to; Keaney Insurance Brokers Ltd, 30 Lower Leeson Street, Dublin 2,

Fórsa Life Assurance Claim Form

Full Name of Deceased:
(as known to his/her employer) _____

Alternative name: (if also known by a other version of name) _____

Date of Death: _____

Name of deceased's Former Employer: _____

Workplace address: _____

_____

_____

Grade/Job category: _____

Sum Assured: **EUR 5,000.00**

Signed:

Capacity in which signed:

Executor of Deceased's Estate: ☐

Administrator of deceased's Estate: ☐

Next of Kin: ☐

Other (please specify) ☐

KEANEY INSURANCE BROKERS LTD.

♦ **Death Certificate enclosed** | **YES** | **NO**

♦ **Marriage Certificate enclosed if married female (if married name is different from the birth certificate)** | **YES** | **NO**

♦ **Other proof of name change enclosed if applicable** | **YES** | **NO**

♦ **other (please specify)**

Please provide the name and address of the deceased's General Practitioner?

Name: _____

Address _____

_____

_____

Date: _____

Data Protection Act 1998

I understand and consent to the use of any information provided by me for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

I understand that in order to do this the information may be shared with other insurers, re-insurers, insurance intermediaries and service providers who are involved in either the operation of insurance, which covers members or the member's benefits arrangements provided by the company.

I understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be stored on computer, but will not be kept for longer than necessary.

I confirm that the data in relation to this insurance has been obtained and passed to:

OSG Group Merrion Hall, Strand Road, Sandymount, Dublin 4 in accordance with the requirements of the Data Protection Act 1998.

KEANEY INSURANCE BROKERS LTD.

Declaration

I hereby certify that the foregoing information is true and correct and I agree that any statement made by me and found by OSG Group to be false shall surrender all my rights under my policy at the option of the company.

I hereby authorise any hospital, physician, employer or any other person to furnish all information as requested by the company or its representative in consideration of the claim. In accordance with the Access to Medical Reports Act 1988.

Copies of this declaration will be legally valid.

I understand that this form will be passed to ***or used by member companies of:***

OSG Group Merrion Hall,Strand Road, Sandymount, Dublin 4 for the purpose of this insurance. This includes underwriting, processing, claims handling and fraud prevention, which could include passing details to agents of OSG Group or other insurers. You may ask other insurers for information to check the information I have given.

Claimant's signature:

Full Name:

Full Address: (including postcode):

Contact Details:

Work:

Mobile:

E Mail

Date:

KEANEY INSURANCE BROKERS LTD.

Settlement of this claim will be made by electronic transfer

Member's Bank Details:	
Bank Account Name:	
Bank Account Number:	
Bank Sort Code:	
Bank Name:	
Bank Address:	

KEANEY INSURANCE BROKERS LTD.

Form of Discharge

Term Life Assurance

Deceased Name:

I/We the undersigned as Executor(s)/administrator(s)/Next of kin (delete as appropriate), hereby request XL Catlin Syndicate 3002 , to pay the sum of Euro 5,000, this being the amount due under this policy, in full and final settlement of this claim.

I do hereby discharge the XL Catlin Syndicate 3002 from any further liability whatsoever in respect of this claim.

All benefits will become payable upon receipt of this signed declaration

Signature of Legal Beneficiary:

Title:

Date:
