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 Members Life Assurance Claim Form

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

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

Date of Death: _____

Name of deceased's Former Employer: _____

Workplace address: _____

_____

_____

Grade/Job category: _____

If the deceased was a member of a union prior to 2nd January 2018, please confirm which union:

IMPACT ☐
CPSU ☐
PSEU ☐

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.

Please provide a copy of the following documentation to enable your claim to be assessed:

♦ A certified copy of Death Certificate is enclosed **(Interim Death Certificate will not suffice)**	YES	NO
♦ A certified copy of Marriage Certificate is enclosed.	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: _____

_____

Email Address: _____

Telephone Number: _____

Date: _____

KEANEY INSURANCE BROKERS LTD.

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:

Sedgwick in accordance with the requirements of the Data Protection Act 1998.

KEANEY INSURANCE BROKERS LTD.

Settlement of this claim will be made by electronic transfer:

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

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:
