

Four simple steps to help you make your claim

We want to keep it as simple as we can when you make a life assurance claim.

We realise this is a difficult time and that lots of paperwork and form filling is usually the last thing on your mind. We want to help and support you and that is why we try to make our claims process as easy as possible.

To help you, we have put together this easy to follow guide so you can see how our claims process works and what happens at each stage. Our dedicated customer care team is there to make sure your experience when making a claim with us is straightforward and simple.

Step 1 – What we need from you

If you need to make a claim, the first thing you will need to do is read the documents that were sent when the plan was first taken out. These will help you understand what is covered.

If you need to make a life assurance claim, the first step is simply to follow the instructions in our letter to you. This will involve gathering some information we need, but there will not be any lengthy claims forms to be filled in.

If it is a single life plan, we will need some additional documents:

- Grant of probate or letter of administration; or
- Grant of confirmation (if the deceased lived in Scotland).

This is so we know who the executor of the deceased's estate is – and can therefore make any necessary payment to the executor if a claim is accepted. If there is more than one executor, we will need written agreement signed by all the executors or you can ask us to provide a form for them to sign.

If the plan is in joint names, payment will normally be made to the surviving person once the claim has been accepted.

Below is a helpful checklist for you. Please check you have given us everything we need:

- Have you included the original death certificate (we will send it back to you straightaway)?
- If the plan was for a single life, have you included the original grant of probate or letter of administration, or grant of confirmation (if the deceased lived in Scotland)?
- If the plan was for a single life and no grant of probate is being applied for (if the deceased's estate was under £25,000) have you completed a small claims form?
- Have you given us your contact details so that we can keep you updated on the progress of your claim?
- Have you included the original policy schedule or completed the lost policy form?

Step 2 – Gathering medical information

At this stage, we may write to the GP and/or consultant or specialist to ask for the medical reports. This can take time, and it is not unusual for one or two months to pass before all the information we need is received.

We understand that having to wait for that amount of time when you are making a claim is frustrating, but we must be sure that we have all the necessary information to assess the claim fairly. For plans over five years old, generally we will not need to request any additional medical reports.

Occasionally we will have to obtain further medical evidence in order to admit a death claim. This does not happen very often but may occur when there is anything unusual about the claim. For example, a death abroad or a suicide. Where death has occurred from a chronic illness that we would have expected to have been present before the commencement of the plan this may also instigate further medical evidence to ensure that the plan written is valid. This further request for information can increase the time it takes us to assess the claim, but does not necessarily mean that the claim will not be paid. Again, while we are waiting for this further information to arrive, we will keep you up to date on what is happening by calling or writing to you.

Step 3 – Considering your claim

Our team of experienced claims assessors will then consider the claim and make a final decision as quickly as possible.

Other things to bear in mind...

A claim not long after the plan starts tends to be unusual and it may take more time to gather the relevant information for the claim. The circumstances of the death may also affect how much information we need.

Remember, the plan must be current with all premiums paid to be able to make a claim.

Step 4 – Keeping you up to date

It is important for us to keep you updated on the progress of the claim. We will keep the financial adviser updated too (if you have asked us to do so).

This means we will call you or the financial adviser (or both) on a regular basis to keep you in the picture. If you would prefer to be contacted by letter, or there is a particular time of day that you would like to be called, just let us know.

Making a Life Assurance Claim

Giving you full support throughout the process

We are there to support you at all stages of the claims process with any enquiry, question or concern you may have.

We appreciate this can be a difficult time for you and others around you. To help and support you, our dedicated customer care team aims to provide you with an excellent and friendly service.

Call our claims team on **0345 271 0007**.
Monday to Friday, 8.30am-6pm.

Just need someone to talk to?

As a special added service for you, we have arranged access to Lifeline, an independent and completely confidential helpline.

Lifeline* provides expert advice on legal and medical issues. It is staffed by lawyers, nurses and medical experts. So whether you are experiencing a difficult issue yourself or helping someone else deal with a problem, the experts at Lifeline can help.

Call Lifeline on **0345 601 2638**.
Monday to Friday, 9am-5pm.

* Lifeline is available at no additional cost other than the cost of a national rate phone call. Rates may vary depending on the operator and time and length of the call and if you are calling from a mobile. Please note that Lifeline is entirely separate from Scottish Provident and all advice is therefore independent from Scottish Provident.

This leaflet is a guide only and our claims process may change. Our claims requirements are detailed within the policy provisions of your plan.