



## Loan Protection/Life Savings Claim Statement

<b>Type of Claim</b> (Tick all that apply)	Loan Protection	<input type="checkbox"/>	Total and Permanent Disability (TPD) - Please also complete separate TPD form	<input type="checkbox"/>
	Life Savings	<input type="checkbox"/>	Accidental Death/Dismemberment	<input type="checkbox"/>
	Youth Benefit	<input type="checkbox"/>		

**INSTRUCTIONS - Please complete the following sections:**

<b>For All claims</b>	<b>Loan Protection Claims</b>	<b>Life Savings</b>
Part 1, Part 2 and Part 5	Part 3	Part 4

- For all death claims** a full death certificate is required - an abbreviated death certificate is not sufficient.
- Where a Full Death Certificate is not available the claim should still be registered, otherwise it may fall outside the 2-year exclusion
- Total and Permanent Disability Claim Statement:** This form should be submitted to the member's doctor for completion of Part 3 and should then be sent directly to us using the Correspondence Address at the bottom of the claim form.

**Please complete the Checklist below to ensure you have all the relevant documentation before submitting the claim.**

**Note:** Any missing information is likely to result in a delay in processing the claim

**Part 1: CHECKLIST**

- |   |  |
|---|--|
| <input type="checkbox"/> Completed Claim Form                               | <input type="checkbox"/> Copy of Full Death Certificate (Not Original)     |
| <input type="checkbox"/> Have you <b>signed</b> the Claim Form?             | <input type="checkbox"/> Letter of Consent Inc. Dr Name, Address & Tel No. |
| <input type="checkbox"/> Total & Permanent Disability Form (if appropriate) |  |

<b>If Claiming for Life Savings;</b>	<b>If Claiming for Loan Protection;</b>
<input type="checkbox"/> Copies of Share Ledgers and/or Passbooks	<input type="checkbox"/> Copies of Loan Ledgers
	<input type="checkbox"/> Copies of Loan Agreement

**If there are any missing documents, please make a note below.**

What document(s) is missing?	
Why are these missing?	
When will they be available?	

**Part 2: Member Information**

(if highlighted information has not been supplied the claim cannot be registered)

Name (last/first/middle)																	
Gender	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>	Date of Birth (dd/mm/yyyy)												
Date of Death/Disability																	
Is claim due to an accident?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	<i>If yes, please provide a copy of a police report or other information documenting the cause of the accident</i>												
Date Joined the Credit Union											Credit Union Account Number						

**Part 3: LOAN PROTECTION Claim Information**

Please detail each loan for which you are making a claim. (From earliest to latest)

Loan Date (dd/mm/yyyy)	Amount Borrowed	Loan Term (months)	Interest rate per Period	Date of Last Repayment (dd/mm/yyyy)	Outstanding Balance
	£		% Per		£
	£		% Per		£
	£		% Per		£
	£		% Per		£

<b>Total Amount of Unpaid Loans for the Member</b>	£
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**Part 4: LIFE SAVING Claim Information**

N.B. please complete balances according to your Policy Schedule

Date (dd/mm/yyyy)	Age	Balance	Low balance up to Date of Death	Insured Balance	%	Amount Claimed
	< 25	£	£		%	£
	< 50	£	£		%	£
	< 55	£	£		%	£
	< 60	£	£		%	£
	< 65	£	£		%	£
	< 70	£	£		%	£
	< 80	£	£		%	£
	80 +	£	£		%	£
	Un-posted Dividends					£
<b>Total</b>						£
Accidental Death Benefit Claimed						£
Youth Benefit Claimed						£
<b>Grand Total Life Savings Claimed</b>						£

**Part 5: Credit Union Information**

Credit Union Name		Credit Union Policy Number	
Mailing Address			
Contact Person		Phone Number	
Fax Number		Email Address	

**Declaration**

We hereby certify that the above information is true and any facts which Maiden Life Försäkrings AB should have knowledge of for consideration of this claim is enclosed. The payment of the claim benefit, subject to the limitations of the Loan Protection and Life Savings policies and their endorsements, to the Credit Union will release Maiden Life Försäkrings AB from all obligations under said policies resulting from the death or disability of the above-named member.

Signed		Date Signed							
Print Name		Title							

**After completion, please forward to us this form and any additional documentation using the following address:**

Claims Administration Team CUNA Mutual Group Ltd Suite 601, One Victoria Square Birmingham, B1 1BD	Tel: 0121 359 0221 Email: claims@cmutual.co.uk
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CMutual Group Limited is authorised and regulated by the Financial Conduct Authority

Underwritten by Maiden Life Försäkrings AB, through its UK branch (UK establishment number BR023675) UK establishment office address at Albion House Valley Centre, High Wycombe, Gordon Road, HP13 6EQ. Maiden Life Försäkrings AB is a life insurance company registered in Sweden with registration number 516406-0468 whose registered office is at Klarabergsviadukten 70, 107 24 Stockholm, Sweden

**Correspondence Address**

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 Tel: 0121 359 0221