



PLEASE ENSURE a copy of the interim or full Death Certificate or a Coroner's Report is sent with this Claim Statement together with photographic identification of the claimant.

Part 1: Deceased's Information (to be completed by the policyholder or next of kin)

Deceased's Name											
Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>	D.O.B (dd/mm/yyyy)			/			/		
Date of Death						/			/		
Is claim due to an accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	<i>If yes, please provide a copy of a Garda report or other information documenting the cause of the accident</i>								
Relationship to the Policyholder						Death Certificate enclosed	Yes <input type="checkbox"/>	No <input type="checkbox"/>			

Part 2: Member Death Benefit Insurance Claim Information (to be completed by the Credit Union)

Date Joined the Credit Union			/			/			Credit Union Account Number		
Does the member qualify for a Member Death Benefit Insurance payment?										Yes <input type="checkbox"/>	No <input type="checkbox"/>
If Yes, the amount of Member Death Benefit Insurance claimed?										€	

Part 3: Credit Union Information

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

Part 4: Declaration (to be completed by the claimant i.e. the policyholder or next of kin)

I hereby certify that the above information is true and any facts which Covéa Life Limited should have knowledge of for consideration of this claim is enclosed. The payment of the claim benefit, subject to the limitations of the Member Death Benefit Insurance policy, to the Credit Union will release Covéa Life Limited from all obligations under said policy resulting from the death of the above named member. In order to comply with Anti Money Laundering requirements, a copy of Photographic Identification of the person making this claim must be included with this Claim Statement.

Signed						Date Signed			/			/		
Print Name						Title								

Please complete this form in full and attach an interim or an original Death Certificate or a Coroner's Report.

CUNA Mutual Group Services (Ireland) Limited 50 Kings Hill Avenue, Kings Hill, West Malling, Kent, ME19 4JX	Tel: 1850 85 85 15 Fax: 1850 85 85 00 Email: claimsadministration@cunamutualadmin.eu
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CUNA Mutual Group Services (Ireland) Limited is regulated by the Central Bank of Ireland

Underwritten by Covéa Life Limited, a company authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Correspondence Address

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