





CHECKLIST FOR ASSESSMENT OF GROUP LIFE CLAIMS

DEATH CLAIM & SUPPLEMENTAL LIFE

<input type="checkbox"/>	Notification of death within one (1) year.
<input type="checkbox"/>	Certified copy of the RGD Death Certificate OR Original copy of the Guardian Life Certificate of Death Form (EB 201) OR Court Document Assigning Death Status.
<input type="checkbox"/>	Confirmation of coverage/salary, beneficiary/trustee and percentage allocation.
<input type="checkbox"/>	A Police Report is required for accidental deaths. The AD&D benefit is payable upon the provision of a conclusive Police Report.
<input type="checkbox"/>	A completed Electronic Fund Transfer (EFT) Settlement Form (GEN 283). EFT is encouraged for all payments and it is required for each beneficiary/trustee once the payment is J\$1M or over.
<input type="checkbox"/>	A Beneficiary/Trustee Data Form (EB 301) is required to be completed for beneficiaries/trustees residing overseas.
<input type="checkbox"/>	Certified copies of the following documents for each beneficiary/trustee: <ul style="list-style-type: none">  National Photo Identification  TRN  Birth Certificate  A certified marriage certificate is required for the spouse of the deceased.
<input type="checkbox"/>	Completion of the Declaration of Identity Form (CS 116) where there is a variance of the beneficiary/trustee/dependent/parent's name.

In the event that the deceased did not assign a beneficiary, the proceeds may be payable once any of the following legal documents is submitted:

- A request letter from the Administrator General's Department stating the name of the person/company to which the benefit is to be paid.
** (AGD is mainly involved to act on behalf of Minors or to request payment of funeral expenses up to \$500,000.00).
- A probated Will.
- Letter of Administration.

FUNERAL ADVANCE AND/OR REIMBURSEMENT OF FUNERAL EXPENSES

<input type="checkbox"/>	Notification of death within one (1) year.
<input type="checkbox"/>	Authorization letter with affixed signature from each adult Beneficiary and Trustee stating that Guardian Life Limited should make the deduction from the proceeds. The letter should state the amount and the company to be paid.
<input type="checkbox"/>	Certified copy of Burial Order or the completed Guardian Life Certificate of Death Form (EB 201).
<input type="checkbox"/>	Proof of payment (cheques or receipts) for the reimbursement of the funeral expenses.
<input type="checkbox"/>	Original invoices for funeral expenses. The invoice should be on the company's letterhead, signed and stamped. NB: Expenses to be incurred for repass will not be accommodated from the death proceeds.

CHECKLIST FOR ASSESSMENT OF GROUP LIFE CLAIMS

TEMPORARY TOTAL DISABILITY (TTD) & ACCIDENTAL MEDICAL REIMBURSEMENT (AMR)

<input type="checkbox"/>	Notification of incident within one (1) year.
<input type="checkbox"/>	Completed Group Personal Accident Claim Form (EB 208) - Section A, B, C.
<input type="checkbox"/>	Original copies of receipts, which should include the name of the medication prescribed or the medical services rendered.
<input type="checkbox"/>	Original copies of sick leave certificates. The days provided on the sick leave certificate should coincide with Section B of the claim form (EB 208) signed by the employer. The date at which the company's officer signs in Section B of the claim form (EB 208) should be the last date the employee is out of work.
<input type="checkbox"/>	An injury report if the nature of the accident in Section A is not explained in details.
<input type="checkbox"/>	A Police Report is required for applicable incidents.

PARENTAL AND/OR DEPENDENT LIFE

<input type="checkbox"/>	Notification of death within one (1) year.
<input type="checkbox"/>	Certified copy of the RGD Death Certificate OR Original copy of the Guardian Life Certificate of Death Form (EB 201) OR Court Document Assigning Death Status.
<input type="checkbox"/>	A Police Report is required for accidental deaths.
<input type="checkbox"/>	A completed Electronic Fund Transfer (EFT) Settlement Form (GEN 283). EFT is encouraged for all payments and it is required for each beneficiary/trustee once the payment is J\$1M or over.
<input type="checkbox"/>	Certified copies of a national photo identification, TRN and birth certificate for each beneficiary/trustee. A certified marriage certificate is required for the spouse of the deceased.
<input type="checkbox"/>	Completion of the Declaration of Identity Form (CS 116) where there is a variance of the beneficiary/trustee/dependent/parent's name.

CRITICAL ILLNESS

<input type="checkbox"/>	Notification of diagnosis/illness within one (1) year.
<input type="checkbox"/>	Medical Report confirming diagnosis.
<input type="checkbox"/>	Completion of the Claimant's Statement for Critical Illness (CLM 272)
<input type="checkbox"/>	A completed Electronic Fund Transfer (EFT) Settlement Form (GEN 283).