

JIB-PMES

Death in Service Benefit

Operative claim form

Important information: Please read the below before completing the claim form.

Who is this form for?

This form is for the family/trustee or authorised signatory of the Operative who has passed away.

When should this form be completed?

This form should be completed after the Operative has died. It will be provided to the family/trustee or authorised signatory by the Operative's employer.

What information and documentation must be submitted with this form?

To ensure that the JIB-PMES has all of the information and confirmation that is required in order for payment of the Death in Service Benefit to be made; the following is required:

- The Operative's original death certificate (original certificates will be returned by recorded delivery)
- The Operative's last three full payslips
- A copy of the Operative's photographic ID (passport or driving license)

How long will it take for the claim to be paid?

The JIB-PMES commits to pay all valid Death in Service Benefit claims within 12 months of receiving a valid claim form and all required supporting documentation.

However, if all necessary supporting documentation is readily available and all employer payments in respect of the late Operative are fully up to date, it is likely that payment will be made well within this timescale.

How will Death in Service Benefit be paid?

The JIB-PMES shall normally make payment due under DSB by automated bank transfer to a United Kingdom bank account maintained by the beneficiary and no beneficiary is entitled to claim payment by cheque, cash or any other method, although the JIB-PMES may determine to do so in any particular case.

Section 1: Details of deceased Operative

Operative's full name:	
<u>-</u>	
Date of birth:	Date of death:
Day, month year)	(Day, month year)
Start date with current employer:	Scheme inclusion date: (If different from employment start date)
Day, month year)	
Last date worked:	
Day, month year)	
Amount of death benefit being claimed	£
This will be £40 000)	

Section 2: Employer details

Employer name:							
Employer address:							
Employer contact name:	Employer contact no:						
Employer contact email:							
nomination form	iary(s) if the Operative had completed, and returned to the JIB-PMES a valid DSB						
To the estate Truster Payment to be made:	e (in all other circumstances) Direct to beneficiary(s) To the Trustee's bank account						
Beneficiary* account name:							
Name of bank:							
Branch:							
Bank sort code:	Account number:						
	stipulated on the Operative's Nomination Form, please complete their account neficiary details' form at Appendix 1.						
Trustees account name:	Trustees of						
Name of bank:							
Branch:							
Bank sort code:	Account number:						

Section 4: Checklist

Please complete the follo to do so may delay the DS	_	onfirm t	hat all follo	wing have been en	closed/completed. Failu	re
Claim form completed						
Payment details provided	d					
Original death certificate						
Last 3 payslips						
Declaration signed						
Confirm amount of DSB t	o be claimed					
Section 5: Declaration						
To be completed by the T	rustee or Authorise	d Signa	tory for the	deceased Operativ	e.	
We hereby apply for paym the deceased is eligible for outlined in the JIB-PMES D Service Benefit will constit	r Death in Service B Death in Service Ben	enefit ir efit Sch	n accordance ieme Rules. '	e with all of the terr We agree that payn	ns and conditions as nent of the Death in	
Signature:				Date: (day, month, year		
Print name:						
Capacity of signatory:*						
	*Signature must be	from a	Trustee or	Authorised Signator	y	
Completed claim forms sh	ould be returned a	s soon	as possible t	to:		
JIB-PMES, Death in Service St Neots PE19 8EP	e Benefit claims, Lov	ell Hou	se, Sandpipe	er Court, Phoenix Bi	usiness Park, Eaton Soco	n,
JIB-PMES use only						
Н	C Participant Emplo	yer		We	lfare Benefit Employer	
HC payments up to date a		OD?		WB payme	nts up to date at TOD?	
HC payments brought up to date					rought up to date AD?	
All claim documentation correct				All claim de	ocumentation correct?	
Claim ok to proceed?					Claim ok to proceed?	

Appendix 1: Additional beneficiary details

Please insert the details of any additional DSB beneficiaries as included on the deceased Operative's Nomination Form.

Beneficiary account name:		
Name of bank:		
Branch:		
Bank sort code:	Account number:	
Beneficiary account name:		
Name of bank:		
Branch:		
Bank sort code:	Account number:	
Beneficiary account name:		
Name of bank:		
Branch:		
Bank sort code:	Account number:	
Beneficiary account name:		
Name of bank:		
Branch:		
Bank sort code:	Account number:	