

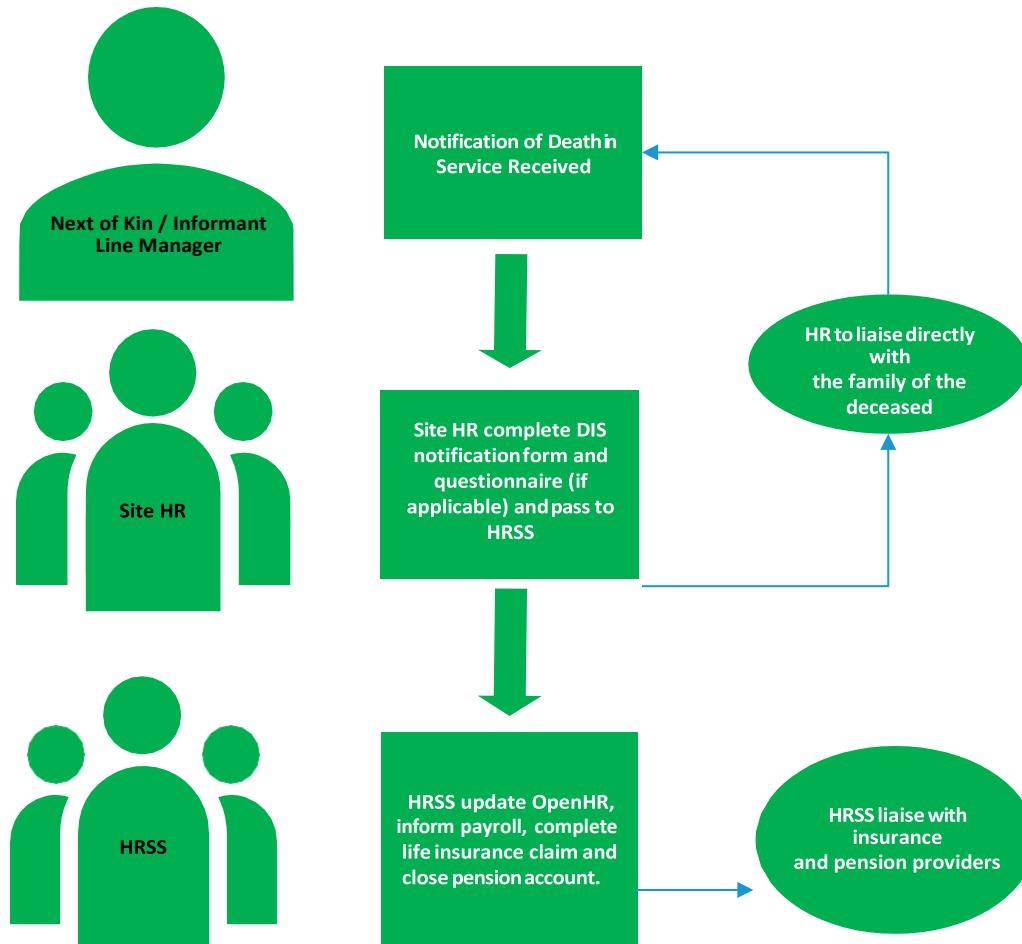
Death in Service

All Greencore colleagues are automatically entered into a life assurance scheme that begins on the date that they join the company. The scheme makes a lump sum payment to the next of kin or nominated beneficiary in the event of death whilst employed with the company.

All colleagues are covered at 2 X Annual Salary in the event of death providing that they have 3 months service and are under 75 at the date of death. The exception to this is for Colleagues who join the Group pension scheme. These colleagues are covered at 4 X Annual Salary in the event of death.

Whilst this is never an easy discussion to have with the family of the deceased, it can bring some welcome financial support. Knowing the information that is required and why it is so important can help with those early conversations with the bereaved and will minimize the need to repeatedly contact the family. Please also see flyer attached with useful information regarding the Bereavement Counselling Service.

Please contact the HR Shared Services team as soon as you have been advised about the death, the team can start the leavers process immediately. To start the claims process we will require the information overleaf to be returned as soon as it is possible. Even if an Expression of Wish form is held on file for the deceased, it is important that the Death in Service Questionnaire is completed with the Informant/NOK to obtain as much information as possible to determine the beneficiary.



Death in Service Notification Form



Please submit this form to – HR.SharedServices@greencore.com

Site:	Pay Frequency:	
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Forename:	Surname:	Payroll No:
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Last Working Day:	
Date of Death:	
If the date of death is different to the last working, please provide a reason for absence:	

Have you attached a copy of the will? (If app.)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you attached a death certificate or coroners note: (if not please ensure this is provided at a later date)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Cause of death:	
Place of death:	

Informants Details	
Notification of death provided by:	
Relationship to deceased:	
Date of notification:	
Address:	
Is the notifier also the next of kin / beneficiary: (If NO please give more information below)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Next of Kin Details (if different to the above)	
Name & Relationship to deceased:	
Address:	
Is the notifier also the next of kin / beneficiary: (If NO please give more information below)	Yes <input type="checkbox"/> No <input type="checkbox"/>

Expression of Wish	
Is there is an Expression of Wish form on file:	Yes <input type="checkbox"/> No <input type="checkbox"/>

NB - Questionnaire below to be completed with the Informant/Next of Kin regardless of an expression of wish form being held on file

Please provide any other relevant details or information below

Notification Completed By:	Position:	Date:

Death in Service Questionnaire

In order to assist the Trustee in determining the recipients of any benefits payable, please complete this form in full with the next of kin and return with the required documents asap. To avoid any delays, if it is necessary to obtain information from other sources please indicate this on the form and supply this information separately.

Deceased Forename:	Deceased Surname:
Date of Death:	
Marital Status:	

Family Members Details (please see supplementary questions and fill out if app.)

	Names	DOB	Address & Postcode
1. Surviving Spouse			
2(a). Children under <u>18</u> (not in full time education)			
2(b). Children under <u>22</u> (in full time education or of any age, who was dependent up on the member. <i>Please provide proof of full-time education e.g. university letter</i>)			

3. Parent(s) (if still living)			
4. Any other person(s) dependent on the member at the time of death			
5. Brother(s) or Sister(s)			

1. Surviving Spouse Additional Information

1(a). If not living with the Deceased at date of death, please state if the surviving spouse or civil partner is simply living apart or divorced: *(We will require a copy of the Decree Nisi or Absolute if divorced, or a Dissolution or Separation Order for a Civil Partnership)*

2. Children (Under 18 &/or 22) Additional Information

2(c). If any of the above children are in paid employment or have accepted an offer of paid employment please provide brief details (e.g. Pay, Permanent or Temporary Contract, Industrial placement from college/university).

2(d). Please list below details of the legal guardian of all children mention in question 2(a) & 2(b)

Child's Names	Guardian's Name	Guardian's Address & Postcode

2(e). Please provide Birth Certificates of any Children listed in 2(a) & 2(b)

3. Parent(s) Additional Information

3(a). Was either parent financially dependent on the deceased?

Yes No

If answered YES above, please provide further details:

4. Other Dependent Person(s) Additional Information

4(a). Please state nature of dependency below:

4(b). How long has this person(s) been dependent on the deceased?

4(c). Please provide Birth Certificate(s) of any Dependent(s) listed in 4

5. Next of Kin

If the deceased is not survived by a Spouse or civil partner, please indicate who you consider the Trustee should regard as Next of Kin:

Names	Relationship	Address & Postcode

6. Expression of Wish

Are you aware of any Expression of Wish/Letter of Intent completed by the deceased:

Yes No

If YES, please provide details below:

7. The Will

7(a). Did the deceased leave a Will:

Yes No

If NO, how will the Estate be divided?

Will you be applying for Grant of Probate/Letters of Administration (a copy may be required)

Yes No

If YES, please complete the below:

Date of the Will:

Who is the main Beneficiary(s) of the most recent Will?

Names	Relationship	Address & Postcode

8. The Estate

8(a). Is there a claim on the Estate: Yes No

8(b). At this stage do you know the approx. value of the Estate?

8(c). If a Solicitor is acting for the Estate, please give details below:

Name	Address

9. Supporting Documents & Information

Please use the checklist below to confirm which supporting documents have been enclosed with this questionnaire, and which are to be obtained at a later date:

Death Certificate	Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>
Marriage/Civil Partnership certificates of surviving Spouse/Civil Partner	Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>
Birth Certificates of any Children	Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>
Birth Certificates of any Dependents	Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>
Copy of the Will	Enclosed <input type="checkbox"/> To Follow <input type="checkbox"/>

Please provide any other further information below that you believe is relevant:

10. Declaration

Details of the person completing this form:

Name	Address & Postcode	Relationship to the deceased
Signature	Date	
HR representative (Print Name)	Date	