

## 1. Insured person

Family name and all given names			
Last home address			
Personal identity code		Date of death	
Cause of death	Accident	Homicide	Other cause
Was the insured person married or in a registered partnership at the time of death?		no	yes
Name of spouse / registered partner			
Was the insured person in common-law marriage at the time of death?		no	yes
Name of common-law spouse			
Was the insured person on pension at death?		no	yes
Pension began on	Which pension and pension institution (copy of pension decision as attachment)		

## 2. Details of the insured person's last employer

Employer's name	
Employer's street address, postcode and town/city	
Telephone	Business ID
Employment began	Employment ended
Reason for termination of employment	

### 3. Insured person's farming

Did the insured person have a farming at the time of his/ her death or at an earlier time?	no	yes
If yes, did the farming continue until the date of death?	no	yes
If it did not continue until the date of death, please give the end date		

### 4. Applicant's contact details

Each adult applicant must submit their own compensation application. If the beneficiary is a minor or legally incompetent, the application must be submitted on their behalf by the legal guardian (usually the custodian). If the child has multiple custodians, all custodians must sign the application. If there are several minor children, a single joint application from the custodian/legal guardian for all children is sufficient.

Family name and all given names	
Personal identity code	Date of birth
Street address	
Postcode and town/city	Telephone
Email	

### 5. Beneficiaries (please see the filling instructions)

The compensation is paid to the beneficiary's own account. For a minor beneficiary, the compensation is paid to the child's account in accordance with the instructions from the Digital and Population Data Services Agency. The compensation is always the personal property of the beneficiary, and information about compensation paid to minor/legally incompetent beneficiaries is sent to the Digital and Population Data Services Agency.

#### Beneficiary 1

Family name and all given names	
Personal identity code	Date of birth
Beneficiary's account number	
Name of account holder	



**Beneficiary 2**

Family name and all given names	
Personal identity code	Date of birth
Beneficiary's account number	
Name of account holder	

**Beneficiary 3**

Family name and all given names	
Personal identity code	Date of birth
Beneficiary's account number	
Name of account holder	

**Beneficiary 4**

Family name and all given names	
Personal identity code	Date of birth
Beneficiary's account number	
Name of account holder	

**Beneficiary 5**

Family name and all given names	
Personal identity code	Date of birth
Beneficiary's account number	
Name of account holder	

## 7. Other claims

Has a group life insurance claim been submitted to another company?  
(State Treasury, Keva, Farmers' Social Insurance Institution Mela)

no

yes

If yes, where?

## 8. Signature and authorisation

Widow(er)s, registered partnership partners, common-law spouses and children who have turned 18 will sign the application themselves. In the case of a child under 18, the application must be signed by the child's legal guardian, usually a parent. If the application is signed by someone else, the reason for this must be explained in the application, and a power of attorney or other relevant documentation must be attached if necessary.

I assure that the information provided above is correct. I consent to the insurer receiving the necessary information about the insured and the beneficiaries for the processing of the claim. The insurer may also obtain this information through a technical interface. I also consent to the insurer disclosing the necessary information to the State Treasury, Keva, and the Farmers' Social Insurance Institution for claim processing purposes.

Place and date

Signature and name in print/block letters

### Please send the claim to:

Employees' Group Life Assurance Pool, Itämerenkatu 11-13, 00180 Helsinki

Telephone: 0409 222 900, Business ID: 0202495-4, [www.trhv.fi](http://www.trhv.fi)



## Death benefit claim from employee's group life insurance

The Employees' Group Life Insurance is a policy taken out by the employer. The insured persons are those whose employment meets the conditions specified in the insurance terms and conditions.

To process the claim, the employer is required to provide information regarding the deceased's employment. The claim will be processed based on the insurance terms and conditions that were in effect when the employee's employment ended. According to the insurance terms and conditions, the employment is considered to have ended at the end of the last date for which wages or salary was paid.

The claim must be sent to the Employees' Group Life Assurance Pool, where the claims are processed and the compensation is paid.

### Details of the Insured Person

Fill in the deceased's information as accurately as possible. The Employees' Group Life Assurance Pool will automatically retrieve population register data concerning the insured and the beneficiaries. If the death was accidental and an accidental death benefit is being claimed, please attach the official death certificate.

### Employment Details

Information about the deceased's employment and employer helps speed up the processing of the compensation. However, the application can also be submitted without this information.

### Beneficiaries

The beneficiaries of the Employees' Group Life Insurance are defined in the insurance terms and conditions. Compensation may be granted to the insured's spouse, registered partner, and common-law spouse under certain conditions, as well as to the insured's children under the age of 22.

### Information Required for Claims Processing

Compensation is applied for by completing the claim application form. The required documents must be attached to the application, depending on the situation:

1. **Common-law Spouse:** If the applicant is a common-law spouse, they may be asked to provide additional information about shared finances and children, or a officially certified contract on mutual financial support.
2. **Death Certificate:** Required if the deceased died as a result of an accident and an accidental death benefit is being claimed.
3. **Additional Documentation:** If necessary, further information may be requested during the compensation process to support the decision-making.



## Signing the Claim

An adult applicant must complete and sign their own compensation claim. If the beneficiary is a minor or legally incompetent, the claim must be submitted by their legal guardian (usually a parent). If the child has more than one guardian, all guardians must sign the claim. If there are multiple minor children, one joint claim submitted by their guardian(s) is sufficient for all children.

## Death Benefit

The death benefit is paid based on only one employment relationship. It is always paid if the deceased has beneficiaries as defined in the insurance terms and conditions. If there are no beneficiaries, no benefit will be paid.

The death benefit consists of a spouse's benefit, possible children's benefits, and an accidental death benefit if the death was caused by an accident. The amount of the benefit depends on the year of death and the age of the deceased.

## Payment of the Death Benefit

The death benefit is paid to the beneficiary. In the case of minors (under 18) and legally incompetent individuals, the payment is made to the child's bank account in accordance with the guidelines of the Digital and Population Data Services Agency. Any benefit paid to a minor or a legally incompetent person will be reported to the guardianship authorities.

## Return Address for the Claim

Employees' Group Life Assurance Pool, Itämerenkatu 11-13, 00180 HELSINKI

## Customer Service

Phone: 0409 222 900, Email: [trhv@tvk.fi](mailto:trhv@tvk.fi)

## More Information

The insurance terms and conditions and additional information are available on the website of the Employees' Group Life Assurance Pool at [www.trhv.fi](http://www.trhv.fi).

You can also log in to the compensation service on the website using your personal online banking codes or mobile ID. The online compensation service is available only in Finnish or Swedish.