Guardian Group
Guardian Life of The Caribbean Limited

COUNTRY:										
POLICY NAME:										
POLICY NUMBER:										

GROUP DEATH CLAIM

QUESTIONS TO BE ANSWERED BY THE EMPLOYER

Name of Deceased Name:																									

1. (a)	Date of Birth of Insured	
(b)	Place of Birth	
2. (a)	Date of Death	
(b)	Place of Death	
3. (a)	Occupation at time of Death	
(b)	Date last worked full-time at full pay	
4. (a)	Cause of Death	
(b)	Duration of Illness	
5.	Monthly Salary	

EMPLOYER'S STATEMENT

Notice is hereby given of the death of _____ of _____ an employee of the Company who was insured under Certificate No. _____ Policy No. _____ for the sum of _____ and who entered our employ on _____.

We hereby warrant that such insurance was inforced at the date of death and that the said employee was in our employ and on our payroll continuously from the date insurance on the life was effected to the date of death.

Name:	Official Title:	Signature:
Company Stamp:		
Dated this day of		in the year of .