

Legal & General Assurance Society Limited

Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU.

Telephone: 0845 0720758 We may record and monitor calls. Call charges will vary.



Legal & General

Discretionary entrant Application for cover

Section A - to be read and completed by the employer

Please complete in BLOCK CAPITALS.

This form should only be used for an early or late entrant. If it is uncertain whether the employee is an early or late entrant for any benefit please refer to the latest evidence of insurability statement part II for the relevant policy. Benefit requested will not be provided under any policy until Legal & General has advised terms in writing and, where applicable, those terms have been accepted.

This form should only be completed for those policies where the employee's **scheme earnings** or required benefit (as appropriate) is not greater than the policy **free limit**. Where they are above the policy **free limit** a member's declaration form (available from Legal & General) should be completed instead. When submitting the member's declaration please state that the employee is an early or late entrant, give the employee's **scheme earnings** and benefit requirements under the policy(ies) and, where Critical Illness Cover is required, the date of birth of **spouse** or **registered civil partner** (if the **spouse** or **registered civil partner** is to be insured) and confirmation that the employee has received information on the operation of the pre-existing conditions exclusions that apply.

A member's declaration is also required where the employee cannot sign declaration (a) overleaf. In this circumstance please also submit this application for cover completed as fully as possible.

Policyholder

Group policy no(s).

Legal & General ref.

DETAILS OF EMPLOYEE

(where the information being given for question 5 is not the same for all policy types, separate entries are required).

1. Surname

2. Forename(s)

3. Title

4. Occupation

(please describe fully)

5. Scheme earnings

6. Membership category

(where policy has more than one)

7. Please tick against the required benefit type and state the benefit formula

Life Assurance Benefit

Dependants' Pension

Critical Illness Cover

Group Income Protection

8. For Dependants' Pension please state the amount of benefit calculated in accordance with the normal insured basis

£

Cover will be provided under the policy(ies) requested as soon as Legal & General has advised terms in writing and, where applicable, those terms have been accepted. If you wish cover to start from a later date please insert later date here

Section B - to be read and completed by the employee

The information provided on this application for cover is only used by Legal & General to assess the cover being requested and any future cover. For confidentiality you have the right to send the form, when both Sections A and B have been completed, in a sealed envelope directly to the chief medical officer at the address overleaf.

1. Date of birth	/ /	2. Marital status	
		(e.g. single, married, divorced, widowed)	

Note: You must not amend the declarations below. If you are unable to sign declaration (a) Legal & General requires further evidence of insurability which could involve a medical examination and blood or other tests. Initially a member's declaration form should be completed (available from your **employer**). No cover will be provided under the policy(ies) until Legal & General has advised terms in writing and, where applicable, those terms have been accepted.

DECLARATIONS BY THE EMPLOYEE

(a) For all benefits	YES	NO
1. During the last three years have you consulted a doctor or any other medical professional or had, or been advised to have any operation, x-ray, check up or any other investigation or test, or are you intending to do so? (colds, flu, minor joint or muscle injuries/contraception/routine inoculation/uncomplicated pregnancy need not be disclosed).	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you currently taking or receiving any treatment, for any medical, physical or any form of nervous or mental disorder (including depression, anxiety, stress, nervous breakdown, insomnia and tiredness)? This includes prescribed, over the counter, herbal treatment or privately arranged treatment such as physiotherapy.	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever suffered from heart disease or disorder, stroke or brain haemorrhage, diabetes, cancer, kidney disease, multiple sclerosis, or mental illness requiring hospital attendance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had any application for life, critical illness or health insurance declined, accepted at non-standard terms or have you withdrawn an application?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever tested positive for HIV/AIDS, or Hepatitis B or C or are you awaiting the results of such a test?	<input type="checkbox"/>	<input type="checkbox"/>

(A false declaration may result in the rejection of a subsequent claim)

If you have answered 'Yes' to any of the above questions you will also need to complete a member's declaration form, which is available from your **employer**.

Signature	/ /	Date	/ /
Name in BLOCK CAPITALS			

(b) Additionally for Critical Illness Cover only	YES	NO
1. Are your children (if any) or, if they are eligible for cover, your spouse or registered civil partner in a poor state of health and intend to see a doctor about any health, medical or psychiatric condition in the foreseeable future?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are you aware or do you suspect that your children (if any) or, if they are eligible for cover, your spouse or registered civil partner are suffering from any condition that might lead to a claim under the Group Critical Illness Cover policy?	<input type="checkbox"/>	<input type="checkbox"/>

(A false declaration may result in the rejection of a subsequent claim)

Signature	/ /	Date	/ /
Name in BLOCK CAPITALS		Date of birth of spouse or registered civil partner	/ /
		(where to be insured)	

If you answered 'Yes' to either of the above two questions please say why below.