

Full name of member	Date of birth	Sex	Date last underwritten	Level of benefit underwritten	Member's total benefit	Terms and exclusions applied

If a **member** in the table meets our switch terms for medically underwritten employees, we are normally able to accept cover from when:

- you have filled in this declaration to our satisfaction; and
- we have received the completed declaration;

or, the start date of the policy if this is later.

Declaration

I declare the information provided to be complete and correct.

Signature

Date.....

Print name.....

Position in company/firm.....

Name of company/firm.....

Employee benefits made easier by Legal & General

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