

# ABSENCE NOTIFICATION.

## 1 PRINCIPAL EMPLOYER



The principal employer should complete this form by the fourth week of absence at the latest.

Principal employer's name

Employer's name (if different)

Group policy number

Telephone number

Employer's contact name

Email address

Employer's contact address

Postcode

## 2 DETAILS ABOUT THE MEMBER

Title

Surname

Forename(s)

Address

Postcode

Telephone number

Email address

National Insurance Number

Date of birth (DDMMYYYY)

Note: Proof of age may be required should any payment of benefit be made under the policy.



2.1 On what date did the member:

Start service with the employer? (DDMMYYYY)

D	D	M	M	Y	Y	Y	Y
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Become a member of the scheme? (DDMMYYYY)

D	D	M	M	Y	Y	Y	Y
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2.2 When was the member first absent due to the current incapacity? (DDMMYYYY)

D	D	M	M	Y	Y	Y	Y
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Has the member returned to work in any capacity since this date?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please give details and date

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## JOB TITLE

Employee's job title

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Please enclose, with this application, a copy of the member's job description to include skills and competencies required, together with attendance records for the last two years.

## FINANCIAL DETAILS – Should the member become entitled to receive income protection benefit

4.1 For benefit calculation purposes, what are the member's:

Scheme earnings in accordance with the insured definition?

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Basic annual salary?

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Pensionable earnings (for calculating pension contributions, if insured)?

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Total earnings in 12 months prior to absence?

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4.2 Are pension fund contributions insured under the policy?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4.3 Is the member in the company pension scheme?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, date joined pension scheme (DDMMYYYY)

D	D	M	M	Y	Y	Y	Y
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4.4 If you are insuring your liability for National Insurance contributions, please tick the relevant box:

The member is contracted out under a defined benefits scheme

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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The member is contracted out under a defined contribution scheme

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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The member is contracted in

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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4.5 For flexible/MULTIFLEX benefit schemes:

Please state the % of scheme earnings insured

%
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Is benefit paid to normal retirement age or limited term?

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## 4 FINANCIAL DETAILS – continued

4.6 Benefit is payable monthly in arrears to the employer by direct credit. Please provide the following details:

Account name

Account number

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Sort code

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## 5 REASON FOR ABSENCE

Please fully describe the illness or injury that is preventing the member from working. If they're off work for an operation, or recovery from an operation then please include full details.

## 6 OCCUPATIONAL HEALTH

6.1 Have you requested Occupational Health advice relating to this absence?

Yes  No

If yes, please provide contact details and information about the advice you've been given.

## 7 DECLARATION BY THE PRINCIPAL EMPLOYER AS GRANTEE OF THE POLICY

We declare that on the date of last attendance at work the member met the eligibility conditions agreed for the policy. We also declare the information we've provided in this form is correct to the best of our knowledge and belief.

We confirm that we have the member's consent to provide the information contained in this form to Legal & General and to receive from Legal & General any further information (including medical or health information) that is required as a result of this notification.

If the member's absence results in the payment of Group Income Protection benefit under the policy, we, the grantees of the policy, ask you to make payment in accordance with the instructions given above.

**Please note:** We should be notified as soon as possible if the member returns to active employment. We'll ask the member to fill in a statement.

To be signed by an official of the principal employer.

Signature

Job title

Date (DDMMYYYY)

D	D	M	M	Y	Y	Y	Y
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Please return this form by printing, signing and posting. Alternatively, you can type your name into the signature box and email by secure email.

## CONTACT US

**0845 072 0758** We may record and monitor calls. Call charges will vary.

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legalandgeneral.com/workplacebenefits

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We are members of the Association of British Insurers.

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