

PROPOSAL FOR GROUP LIFE AND DEPENDANTS' PENSIONS POLICY(IES).

If the information you give in this form is different from or changes the information on which we based the quotation, we may have to revise or withdraw the quotation under the terms of the quotation guarantee. If we've agreed to provide cover before we've received a completed proposal form, the basis and terms and conditions applicable to that cover will remain as in the accepted quotation. This is until we agree to any changes and revised terms have been accepted in writing. This does not affect our right to cancel a contract from the outset if you fail to disclose material information.

The **Group Life and Dependants' Pensions technical guide** is an important document you must read to make sure the policy meets your needs and you understand what you're buying. It includes details of the benefits and when we will and will not pay a claim. Please read this carefully before you complete this form and contact us, or your financial adviser, if you've any questions.

Please fill in all sections and use a separate sheet if you need more space. If you don't give any of this information or you mis-state any information, this could affect payments of the benefit under the policy. If you're not sure whether information is relevant, please tell us anyway. A copy of the completed form is available on request.



This proposal form uses technical and defined terms. We've shown these in **bold**. You can find the definitions of these words in the technical guide glossary. Please ask us if you have any questions about these.

1

PRINCIPAL EMPLOYER

Name

Registered address
if a company;
Principal business address
if a partnership

Address

Postcode

Companies House
registration number

Nature of business



2

OTHER PARTICIPATING EMPLOYERS

Are there any other employers participating in the **scheme**?

Yes No

If 'Yes', please list the registered name, address, number and nature of business of each

Employer's name

Address

Postcode

Registered number

Nature of business

Employer's name

Address

Postcode

Registered number

Nature of business

Employer's name

Address

Postcode

Registered number

Nature of business

Employer's name

Address

Postcode

Registered number

Nature of business

3

OCCUPATIONS

Please state the approximate number of **members** of the **scheme** in each occupational category

<input type="checkbox"/>	Director/professional	<input type="checkbox"/>	Qualified technical*
<input type="checkbox"/>	White collar/managerial	<input type="checkbox"/>	Skilled manual
<input type="checkbox"/>	Clerical/administrative	<input type="checkbox"/>	Unskilled
<input type="checkbox"/>	Foreman/supervisor	<input type="checkbox"/>	HGV driver
<input type="checkbox"/>	Sales	<input type="checkbox"/>	Hazardous**

* An occupation such as surveyors or engineers requiring post A-level qualifications or significant experience.

** An occupation where the employer knows that in undertaking the occupation the employees are exposing themselves to a recognisable, but unavoidable risk of injury.

4.1 Please state the approximate number of **members** of the **scheme** at each of the employer's main locations.

County

Full postcode

Number of **members**

County

Full postcode

Number of **members**

County

Full postcode

Number of **members**

County

Full postcode

Number of **members**

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Number of **members**

County

Full postcode

Number of **members**

County

Full postcode

Number of **members**

4.2 Are all employees who are included in the **scheme** permanent employees normally resident and working in the United Kingdom?

Yes No

If 'No', please give details including the number of employees and the countries involved.

Is the policy(ies) required to insure the benefits of an existing registered **scheme**?

If 'Yes', please provide the following

The title of the **scheme** (as recorded in the **scheme's** formal documentation)

The HM Revenue & Customs Pension Scheme Tax Reference

If 'No', please state the title by which the new scheme will be known, for example, ABC Ltd Life Assurance Scheme

Yes No

Note: if more than one **scheme** is to be insured details of each should be given as separate policies will be required.

Please refer to the accepted quotation.

6.1 Type of benefit required (please tick box(es) as appropriate).

<input type="checkbox"/>	Lump sum Life Assurance	<input type="checkbox"/>	Dependants' Pension
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6.2 Does the quote accurately record.

- a) the eligibility conditions?
- b) the benefits to be insured?
- c) the **scheme earnings** definition?
- d) the **annual renewal date**?
- e) all other requirements?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

If 'No' to any of the above, please provide full details of the changes required

6.3 If inclusion for benefit under the policy(ies) is dependent upon membership of a pension arrangement which the employer has made available to its employees, how many eligible employees have chosen not to join or have opted out of that arrangement?

6.4 If Dependants' Pension calculated as a proportion of the member's own pension is to be insured, please state the basis on which the member's pension is calculated, for example, 1/60th pensionable earnings for each year of service to normal retirement date.

6.5 If 'pensionable earnings' are different from **scheme earnings**, please define 'pensionable earnings'.

Are there any members who at the **inception date** have been absent from work for a period of three months or more?

If 'Yes', please give each member's name, date of birth, date of first absence, reason for absence (if due to illness, please provide the nature of the illness), and **scheme earnings** and benefit entitlement at the **inception date**

Yes No

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Date of birth
Date of first absence
Nature of illness
Scheme earnings and benefit entitlement

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

8.1 Were the **scheme** benefits previously insured?

If 'Yes', please give name of previous insurer

Yes No

8.2 Were any employees declined for cover by the previous insurer?

If 'Yes', please give the employees' names

Yes No

8.3 Were any **members** of the **scheme** covered by the previous insurer for less than their full benefit entitlement?

If 'Yes', please give each **member's** name, amount of cover and reason why cover was less than full entitlement

Member's name
 Amount of cover
 Reason

Yes No

Member's name
 Amount of cover
 Reason

Member's name
 Amount of cover
 Reason

Member's name
 Amount of cover
 Reason

8.4 Did the previous insurer impose any special or non standard terms for providing cover in respect of any **members** of the **scheme**?

If 'Yes', please give the **members'** names and details of the special or non standard terms imposed. Please attach a copy of the previous insurer's latest letter of acceptance for each **member**. Alternatively, you can complete a declaration – switch terms form available from us on request.

Member's name
 Details of terms

Yes No

Member's name
 Details of terms

Member's name
 Details of terms

Member's name
 Details of terms

9

MEMBERSHIP DATA

Is the membership data for the quotation correct as at the **inception date** of the policy(ies)?

Yes No

If 'No', please provide correct data

10

BENEFIT MAXIMUM

Are the **scheme earnings** or benefits to be insured, subject to any maximum, for example, the notional earnings cap or **standard lifetime allowance**?

Yes No

If 'Yes' please state the maximum

11

OTHER INFORMATION

If the quotation contains any assumptions that are not covered by the previous sections of this form, are the assumptions correct?

Yes No

If 'No', please provide the correct details

12

GRANTEE OF POLICY(IES)

The grantee of the policy(ies) is the body to whom the policy(ies) will be issued for the purpose of the **scheme**. This will be the principal employer unless the **scheme** has been, or is being, established with a separate body of trustees. Please indicate below which is to apply.

If (b), please state the full name as recorded in the **scheme** documentation, for example, the Trustees of the ABC Ltd Pension and Life Assurance Scheme

a) Principal employer as shown in Section 1, or b) Other

13 PAYMENT DETAILS

Claim payments and premium refunds can only be made by direct credit. We'd appreciate if you can let us have your bank account details now as this will avoid unnecessary delays in obtaining your written authority when we pay money to you. We'll always confirm these details are still correct before making payment.

Please let us know your bank details as follows:

Payee name

Sort code

Account number

Payee name

Sort code

Account number

The Principal Employers or Trustees for premium refunds

The Trustees for claims payments (if different from above)

14 ADDED VALUE BENEFITS

14.1 All **members** of Group Protection **schemes** have access to our range of free added value services. Please tick if you are interested in receiving material and information to help you communicate these to your employees:

I/We do **not** want:

14.2 To help us keep you informed of any changes to our added value benefits, please let us have your contact preferences:

Please contact:

Adviser main email address (if applicable)

Company main email address (if applicable)

Posters and wallet cards to help you promote the free 24 hour telephone service that's available as part of our Worklife Solutions. The global EAP specialist, PPC Worldwide, provides this free Employee Assistance Programme (EAP) service for us.

Posters for promoting the Workplace Rewards website – which contains hundreds of discounts and offers for your staff. MLP organises and updates these offers for us so you don't have to worry about a thing.

the Employee Assistance Programme service

the Workplace Rewards service

My adviser Me directly Both of us

15 OUR FINANCIAL ADVISER FOR THE POLICY(IES) IS

Name

Address

Postcode

16 GENERAL SCHEME INFORMATION

We'll sometimes need to send you important information about the **policy**. You can choose if you'd like us to send you this by email or post. If you choose email, please give us an address for a central mailbox and not an individual. If you give us an individual's email address, we'll write to you by post.

Please tick whom you want us to write to and if this is by email or by post.

If email, please give us the mailbox address:

If post, please only give us the address if it's different to the address given in section 1.

Postcode

To my adviser

To me

By email

By post

We declare that the information given in this form is complete and correct.

We wish to insure the benefits set out in the quotation reference:

dated

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

with effect from

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

(the **inception date**) in accordance with the terms and conditions as detailed in that quotation and request you to issue the appropriate policy(ies).

We confirm that we have the consent of those persons eligible (and will obtain the consent of those who become eligible at any time in the future) to provide Legal & General, both now and in the future, with whatever personal data (including any medical and health information) is required to administer the policy(ies).

IMPORTANT PLEASE READ

Data Protection

Use of your information: Legal & General takes your privacy very seriously. We use the personal information collected via this form and any other information that you provide to us ("your information") for the purposes of:

1. Providing you with our products and services and dealing with your enquiries and requests.
2. Underwriting and administering your policy including processing claims.
3. Carrying out market research, statistical analysis and customer profiling.
4. Sending you marketing information (by post, telephone, email and SMS) about products and services of companies in the Legal & General group and of third parties whose products and services Legal & General offers to its customers. We do not share information with third parties for marketing purposes.

By signing this declaration, you agree to receive the information as described in 4 above, unless you tell us otherwise by ticking this box.

Given the global nature of our business, we may need to transfer your information to countries outside the European Economic Area in order to provide our services to you.

Disclosures

We will disclose, when necessary, your information to other companies within the Legal & General group of companies, reinsurance companies, regulatory bodies, law enforcement agencies, future owners of our business and suppliers we engage to process data on our behalf.

If you make a claim, we will share your information, where necessary, with other insurance companies to prevent fraudulent claims.

We confirm that the **scheme earnings/benefits** notified, or to be notified, are correct as at the **inception date** and restricted as per our statement in Section 10.

Signature for **grantee**

Name in BLOCK CAPITALS

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

CONTACT US

0845 072 0751 – Call charges will vary. We may record and monitor calls.

group.protection@landg.com

legalandgeneral.com/workplacebenefits

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Legal & General Assurance Society Limited

Registered in England No.166055

Registered office: One Coleman Street, London EC2R 5AA

We are authorised and regulated by the Financial Services Authority.
We are members of the Association of British Insurers.

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