

# Care Provider Declaration

## Lifetime Care Plan

Once you've completed this form, please return it to:

**Legal & General Retirement**  
**PO Box 809, Cardiff, CF24 0YL**

You can also email this form to [lcp@landg.com](mailto:lcp@landg.com). We require all signatures to be signed by hand.

### About this form

You have been asked to complete this form as one of your clients who is in receipt of your care (or their legal representative) has applied for a Lifetime Care Plan (an Immediate Needs Annuity) with Legal & General.

The Lifetime Care Plan makes monthly payments on behalf of a Care Recipient to a care provider for the rest of the Care Recipient's life, to enable the Care Recipient to cover some, or all, of their care costs.

Where payments are made to a UK Registered Care Provider\*, under current UK tax law we will make payments without deduction of tax. You will be asked to confirm whether you are a UK Registered Care Provider in this form. A definition of UK Registered Care Provider is available opposite.

In order to set this plan up, we require you, the care provider, to complete this form so that we can make the payments as per the terms and conditions of the plan.

All details must be completed by an authorised representative of the care provider. We will not be able to commence payments until this declaration is returned to us.

\* UK Registered Care Provider as defined in section 726 of the Income Tax (Trading and Other Income) Act 2005, but only where such provider is:

- a) providing care in England and is registered under Part 2 of the Care Standards Act 2000 or Chapter 2 of Part 1 of the Health and Social Care Act 2008;
- b) providing care in Wales and is registered under Part 2 of the Care Standards Act 2000;
- c) providing care in Scotland as, or as part of, a service which is registered under Part 1 of the Regulations of Care (Scotland) Act 2001; or
- d) providing care in Northern Ireland and is registered either under (a) Part 2 or 3 of the Registered Homes (Northern Ireland) Order 1992, or (b) Part 3 of the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003,

in each case, where such registration is in respect of the provision of care.



# 1. Care Provider details

## Completion guidance

### Residential care

**Definition:** Care recipients who live on your premises which may be referred to as a care home, nursing home or residential home, for example. For simplicity, we'll refer to this as a 'care home'.

Please provide details of the specific care home in which the care recipient resides.

Details of any parent company that owns and operates the care home should be completed in section 2.

### Domiciliary care

**Definition:** Care recipients who live in and receive care in their private residence. We can only pay UK Registered Care Providers. We cannot pay self-employed carers such as those introduced by an agency.

If you're part of a larger network, please provide details of the specific local branch that provides care to the care recipient.

Details of any parent company that owns and operates the domiciliary care provider should be completed in section 2.

1. Care home or domiciliary care provider name

2. Care home or domiciliary care provider registration body

☐

Care Quality Commission (England)

☐

Care Inspectorate (Scotland)

☐

Care Inspectorate (Wales)

☐

Regulation and Quality Improvement Authority (Northern Ireland)

3. Care home or domiciliary care provider registration number (with the above registration body)



**Important:** By completing this form you're confirming that you're currently registered with one of the above bodies. You must inform us immediately if your registration status changes so that we can ensure the Lifetime Care Plan is taxed appropriately.

4. Care home or domiciliary care provider contact details

Address

Postcode

Phone number

Email address

## 2. Company (head office) details



### Completion guidance

This section is regarding the **company that owns and operates the care service** referenced in section 1. This may be a head office address for example. You may wish to provide contact details of your accounts department.

#### 1. Company name

#### 2. Company registration body

☐

Care Quality Commission  
(England)

☐

Care Inspectorate  
(Scotland)

☐

Care Inspectorate  
(Wales)

☐

Regulation and Quality  
Improvement Authority  
(Northern Ireland)

#### 3. Company registration number (with the above registration body)



**Important:** By completing this form you're confirming that you're currently registered with one of the above bodies. You must inform us immediately if your registration status changes so that we can ensure the Lifetime Care Plan is taxed appropriately.

#### 4. Company contact details

Address

Postcode

Phone number

Email address

### 3. Care Provider bank details

1. Account holder's name(s)

2. Account number

       

3. Sort code

  –   –  

4. Preferred payment reference (so you can identify the Care Recipient's payments)

### 4. Contacting you

From time to time we may need to contact you. This will specifically be relating to any payments we make to you under this plan, not the care you are providing.

Please indicate which contact information we should use for this purpose:

☐

Care home or domiciliary care provider information as detailed in section 1

☐

Company (head office) information as detailed in section 2

### 5. Care Recipient's details

1. What is their full name and title?

Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

2. What is their date of birth (DD/MM/YYYY)?

       

3. Date they entered care (DD/MM/YYYY)?

       

4. Total care fees

£

☐

Weekly

☐

4-Weekly

☐

Monthly

☐

Yearly



**Important:** Our Lifetime Care Plan pays an income to you each calendar month. The care recipient or their legal representative is responsible for making up any shortfall where the payments we make do not align with your billing cycle.

## 6. Declaration

Under the Lifetime Care Plan, Legal & General will be making monthly Payments in advance to the bank account details provided to cover part, or all, of the cost of the care services you are providing to the Care Recipient. You must, on request, confirm in writing that you have received a Payment.

In order for Payments made by Legal & General under the Lifetime Care Plan to qualify for exemption from income tax, the Care Recipient must be in receipt of chargeable care from you. Legal & General may have to share information regarding the care that you provide to the Care Recipient with its service providers and with HMRC. For more information, please refer to Legal & General's Privacy Notice at [legalandgeneral.com/privacy-notice](https://legalandgeneral.com/privacy-notice).

You agree that you will notify Legal & General immediately in the event of any change in circumstances such as changes to your registration status or ceasing to provide care for, or death of the Care Recipient. Where Payments from Legal & General have exceeded the cost of care provided

(including as a result of the death of the Care Recipient), you must make Legal & General aware of any overpayments and refund them to us as soon as possible.

You must also notify Legal & General promptly of any complaints received from any customer in respect of whom Legal & General has made or is making payments and any matter which may result in you being unable to provide care or otherwise affect the standard of care provided (including any matter which may affect your financial condition and/or solvency), in each case, upon becoming aware of the same.

Capitalised terms shall have the meanings given to them in the Terms and Conditions. The Care Provider Declaration is a legally binding document. All disputes thereunder will be governed by the laws of England and Wales and subject to the exclusive jurisdiction of the English courts. Any change to any information on this form will be notified to Legal & General immediately.

### To be completed in all cases:

I/We understand that Payment is made under the Plan until the Care Recipient is no longer in receipt of care provision (unless the Lifetime Care Plan is cancelled within 30 days by the Care Recipient) and that any difference between our care fees and the Payments received under the Lifetime Care Plan is the responsibility of the Care Recipient and/or the Care Recipient's family/representatives.

I/We give permission for Legal & General to use this information as described in the 'Declaration' section above.

I/We agree to promptly provide Legal & General with all such information as set out in the 'Declaration' section above.

#### 1. What is your full name and title?

Mr/Mrs/Miss/Ms/Other

Surname

First name(s)

Position

#### 2. Written signature of care provider representative

Date (DD/MM/YYYY)

# Get in touch

You can call us on

**0345 070 2459**

Open Monday to Friday, 9am to 5pm.

We may record and monitor calls. All of our call centres are based in the UK.

You can email us at:

**[lcp@landg.com](mailto:lcp@landg.com)**

You can write to us at:

**Legal & General Retirement,  
PO Box 809, Cardiff, CF24 0YL**

You can visit our website at:

**[legalandgeneral.com/retirement](https://legalandgeneral.com/retirement)**

**Legal and General Assurance Society Limited.**

Registered in England and Wales No. 00166055.

Registered office: One Coleman Street, London EC2R 5AA.

We are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

DA869 08/25 LCP Provider Declaration

