

Declaration – switch terms

Scheme name: Policy number/Quotation number:

We'll normally provide cover for members who have undergone medical underwriting with a previous insurer subject to the terms found in the technical guide. As part of these 'switch terms' you'll need to either provide us with a copy of the last acceptance letter sent by a previous insurer, or confirm the terms by filling in this declaration. This applies to members accepted on both standard and non-standard terms.

We may not pay a claim if information in this declaration is incomplete or wrong. If you complete this declaration, you must have seen written evidence from the previous insurer of the acceptance terms. For members who do not meet our switch terms we'll need a completed member's declaration first, but we may ask for more evidence that could include a medical examination and blood or other tests.



Make sure you have a legal basis or consent to share this information. Our privacy policy explains to members how we use the information we collect, it's available online <https://www.legalandgeneral.com/privacy-policy/>

Full name of member	Date of birth	Gender	Date last underwritten	Please state if forward underwriting or ONEderwriting (or equivalent) applies?	Level of benefit underwritten	Member's total benefit	Terms and exclusions applied
EXAMPLE – A N OTHER	01/01/1960	FEMALE	01/04/2008	FWD/ONE	£100,000	£120,000	£80,000 ORDINARY RATES +50% LOADING ABOVE £80,000

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Group protection

Full name of member	Date of birth	Gender	Date last underwritten	Please state if forward underwriting or ONEderwriting (or equivalent) applies?	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

Print name

Name of company/firm

Position in company/firm

Date (DD/MM/YYYY)

Contact us



0345 072 0751

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