

1. Principal employer

2. Member



2. Member continued

2.1 On what date did the member:

Start service with the employer? (DD/MM/YYYY)

Become a member of the scheme? (DD/MM/YYYY)

2.2 If the member is currently on a temporary or fixed term contract, what is the date the temporary or fixed term contract is due to end?

 (DD/MM/YYYY)

2.3 What scheme category is the member in, if known?

2.4 When was the member's first date of current absence?

 (DD/MM/YYYY)

2.5 When was the last time this member was in full active employment, physically and mentally able to perform all the duties associated with their normal job as an employee?

 (DD/MM/YYYY)

2.6 Please provide details of all absence related to this condition in the last 12 months, including their current/ most recent period of absence (this includes any period where the member has been working in a reduced capacity).

3. 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.

4. Employment details

4.1 Employee's job title

4.2 Is the employee required to travel as part of their role, not including the commute.

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

4.3 Does the job role require a special licence?

Yes No



If you answer 'Yes' can you provide the name of the special licence required for the role in the adjacent box.

4.4 Are there any non-medical reasons that may be impacting on the individual's absence?

Yes No

If Yes, please give details.

5. Financial details

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

Contractual weekly working hours?

 hours

Scheme earnings in accordance with the insured definition?

£

Basic annual salary prior to date first absent

£

Pensionable earnings prior to date first absent (for calculating pension contributions, if insured)?

£

Total earnings in 12 months prior to absence?

£



if this salary falls outside of tolerance compared to the data you submit, we will need to query this to understand the reason for the difference.

5.2 Are pension fund contributions insured under the policy?

Yes No

5. Financial details continued

- 5.3** Is the member in the company pension scheme?
If yes, date joined pension scheme.

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No					
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(DD/MM/YYYY)

- 5.4** For flexible/MULTIFLEX benefit schemes:

Please state the % of scheme earnings insured.

Please confirm the chosen period up to which benefit can be paid.


<input type="text"/>	%					
<input type="checkbox"/>	years limited term	<input type="text"/>	<input type="text"/>	years old	<input type="checkbox"/>	state pension age

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

Account name

Account number

Sort code



The below fields are for the policyholder's (employer's) bank details. Please DO NOT enter the members bank account details.

<input type="text"/>							
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

6. Further information

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

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

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

<input type="text"/>

- 6.2** Has the job description been attached?

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

- 6.3** Have the member's absence records been attached?

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

7. Fraud prevention

The personal information Legal & General collects from you and/or your employer will be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, www.cifas.org.uk/fpn

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Group Protection, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

8. 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 a legal basis, 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. Legal & General's [Sharing personal data of absent employees](#) leaflet suggests different legal basis to consider.

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.

To be signed by an official of the principal employer.

Signature or
print name

Job title

Date signed
(DD/MM/YYYY)

--	--	--	--	--	--	--	--

Please print, sign and return by post, or simply type your name in the signature box and return by email.

Contact us



0345 026 0094

We may record and monitor calls. Call charges will vary.



groupprotection.benefitsmanagement@landg.com

<https://www.legalandgeneral.com/employer/group-protection/>



**Group Protection, Legal & General Assurance Society Limited,
Four Central Square, Cardiff, CF10 1FS**

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055

Registered office: One Coleman Street, London EC2R 5AA

W7370 11/24

