

Proposal for Group Income Protection Policy

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 outset if you fail to pay the first premium or fail to disclose material information.

The [Group Income Protection 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 misstate any information, this could affect payments of the benefits 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.



Important

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.

Checklist

Before you ask us to start a policy

- Read through our quote and the technical guide to make sure the **policy** meets your needs and you understand what you're buying.
- Check your quote is guaranteed. If it isn't, the quote will tell you the information we need to consider guaranteed terms.
- Check if any employees need to give us medical evidence.
- Check if the employees are **actively at work**.

1. Principal employer

Registered address if a company; principal business address if a partnership.	Name	<input type="text"/>
	Address	<input type="text"/>
	Postcode	<input type="text"/>
	Companies House registration number (if applicable):	<input type="text"/>
	Type of business e.g. Limited company, Charity or Firm	<input type="text"/>

2. Participating employers

Are there any other employers participating in the scheme?

Yes No

Employer one

Employer two

If 'Yes', please give details of each.

Employer's name:

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

<input type="text"/>	<input type="text"/>
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If you have more than two participating employers, please provide these details on a separate sheet when you return this form.

Postcode:

<input type="text"/>	<input type="text"/>
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Companies House registration number (if applicable):

<input type="text"/>	<input type="text"/>
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Type of business e.g. Limited company, Charity or Firm

<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>
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3. Previous medical underwriting terms

3.1 Where previously insured, did the insurer cover all your eligible employees for their full benefit without applying additional terms?

Additional terms can include an increase to the premium or where cover is; excluded, restricted, postponed or declined (including where medical evidence has not been provided)

Yes No

If 'No' please either:

- attach a copy of the previous insurer's acceptance letter for employees with additional terms; or
- complete and attach a **Declaration – Switch Terms** form giving details of the employees with additional terms. You can download this form from our [website](#)

Read our quote and technical guide to find out about the employees with additional terms we can cover, and when **medical underwriting** is needed.

4. Membership data

Is the membership data used for the quotation correct as at the start date of the policy?

Yes No

If 'No', please provide the correct data.

If the quotation contains any assumptions, are they correct?

Yes No Not applicable

If 'No', please provide the correct details:

<input type="text"/>

6. Bank details



Confirming your bank account for claim and refund payments here can help avoid payment delays later. To help prevent financial crime we complete checks on bank accounts and may ask for additional details before we recognise them as safe for claim and refund payments. We'll check the bank details are up to date before paying a claim or refund.

If you're paying premiums by monthly direct debit, we'll always pay refunds to the account we collect premiums from.

Please confirm the bank account you'd like us to pay any claims and premium refunds to.

Payee name:

<input type="text"/>

Sort code:

<input type="text"/>

Account number:

<input type="text"/>

7. Financial adviser information

Please provide details of your financial adviser for this policy.

Name:

<input type="text"/>

Address:

<input type="text"/>

Postcode:

<input type="text"/>

<input type="text"/>

8. Data protection and disclosures



IMPORTANT - PLEASE READ

Data Protection

You will need to send us personal information about your employees who are, or become, eligible for cover. This may include medical and health information. You need to satisfy yourself of a legal basis that allows you to send us these details.

Our full Privacy Policy is available at www.legalandgeneral.com/privacy-policy/

Please share this with your employees so they understand what we do with the information we collect.

Fraud prevention

The personal information Legal & General collects from you may 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:

Address: Group Financial Crime, Legal & General, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL

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.

9. Declaration by the principal employer as grantee of the policy

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

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

dated: (DD/MM/YYYY)

with effect from: (DD/MM/YYYY)

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

We confirm that the scheme **earnings/benefits** notified, or to be notified, are correct as at the **policy** start date. We will share Legal & General's [Privacy Policy](#) with our employees.

Signature for **principal employer**

X

Name in BLOCK CAPITALS

(DD/MM/YYYY)

Contact us



0345 026 0094

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



group.protection@landg.com



legalandgeneral.com/employer/group-protection/



**Group Protection Legal & General Assurance Society Limited
Knox Court 10 Fitzalan Place Cardiff CF24 0TL**

Legal & General Assurance Society Limited

Registered in England and Wales No. 00166055

Registered office: One Coleman Street, London EC2R 5AA

Authorised by the Prudential Regulation Authority and regulated by the
Financial Conduct Authority and the Prudential Regulation Authority.

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