

# Proposal for Partners' 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 disclose material information.

The **Partners' 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.

Where this form refers to 'partners', those references should be read as 'members of a Limited Liability Partnership' (LLP) where the firm is an LLP.



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 partners need to give us medical evidence.
  - Check if the partners are **actively at work**.

### 1. Name of firm

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

## 2. Associated firms

Are there any other associated firms to be included?

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

If you have more than two associated firms, the details can be provided on a separate sheet.

Employer's name

Address

Postcode

Registered number

Nature of business

Yes  No

Employer one

Employer two


## 3. Previous medical underwriting terms

6.1 Where previously insured, did the insurer cover all eligible partners for their full benefit without applying additional terms?

Additional terms can include an increase to the premium and 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 **partners** with additional terms; or
- complete and attach a **Declaration – Switch Terms** form giving details of the partners with additional terms. You can download this form from our [website](#).

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

## 4. Membership data

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

Yes  No

If 'No', please provide correct membership data separately. We'll use the up-to-date data to check our quote guarantee, create an accurate account and set up your **policy**.

## 5. 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.

## 6. Payment details

Claim payments and premium refunds can only be made by direct credit. If you tell us your bank account details now, it will avoid delays when we pay money to you. We'll always confirm these details are still correct before making payment.

Payee name

Sort code

Account number


## 7. Financial adviser information

Please provide details of your financial adviser for this policy.

Name

Address

Postcode


## 8. Data protection and disclosures

### IMPORTANT PLEASE READ

#### Data Protection

You will need to send us personal information about the partners 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 <https://www.legalandgeneral.com/privacy-policy/>. Please share this with the partners 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](http://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 firm

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

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

dated (DD/MM/YYYY)

with effect from (DD/MM/YYYY)

(the 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 notified, or to be notified, are correct as at the inception date.

Signature for and on behalf of the firm

X

Name in BLOCK CAPITALS

Date (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**

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