

# Group life assurance and dependants' pension rate review and renewal form

Scheme name

Policy number(s)

Your **annual renewal date** is approaching and we need you to send us up-to-date membership information. We use this information to give you accurate accounts, check claims, and help keep your **policy** up-to-date.

We need this membership information within 30 days of the **annual renewal date**.

You'll find explanations of the technical terms we use in the glossary at the end of this form. Where terms covered in the glossary appear in the main text, we've highlighted them in bold, **like this**.

Please read and fill in this form, and return it to us with the membership spreadsheet. If you need more space you can give us the extra details in a separate document.

To help protect the membership information you send us you may wish to consider applying security measures, such as password encryption.

## 1. Membership spreadsheet

You'll need to send us a membership spreadsheet showing the following details for each current insured member. We need this information to be accurate at the **annual renewal date**. To help us work out your new premium we prefer to receive the information on an excel spreadsheet.

- Membership category (if you insure more than one benefit level)
- First name
- Last name
- Date of birth
- Gender
- Job title
- Work postcodes
- Scheme earnings
- Dependants' pension benefit (if a service based dependants' pension is insured)
- Date of joining (if dependants' pension is insured)

We'll need additional information if your **policy** includes the following contract features:

- Dependants' pension benefit with different escalation rates for different periods of service. Please show the dependants' pension benefit for each escalation rate separately on the spreadsheet.
- **Exact cost accounting**. Please also show the dates **members'** cover starts and ends. If **scheme earnings** for a **member** can change between **annual renewal dates**, please also show the date and change amount.
- **Partnership accounting**. Please also show the dates **members'** cover starts and ends.
- Early retirement cover. Please indicate **members** who have taken early retirement on the membership spreadsheet.
- Redundancy cover. Please indicate redundant **members** on the membership spreadsheet.

Don't forget to make sure the membership data:

- Allows for the benefit limits applying to the **policy**.
- Allows for a benefit or **scheme earnings** limit that may apply to a **member's** medically underwritten cover.
- Includes **members** who are absent from work and covered under the temporary absence terms shown in the **policy**, with their correct **scheme earnings** shown. If a **member's** earnings have reduced or stopped during the absence, we'll usually fix **scheme earnings** at the level just before the absence starts, or if the **policy** permits, allow for an agreed yearly increase.

Tick the box to confirm your membership spreadsheet is in line with the insured eligibility and benefits, and accurate at the **annual renewal date**.

## 2. End of year totals

If your **policy** uses **sweep up accounting**, we need the following totals, accurate on the day before the **annual renewal date**.

	Life assurance benefit	Dependants' pension
Number of <b>members</b>	<input type="text"/>	<input type="text"/>
<b>Total benefit</b>	<input type="text"/>	<input type="text"/>

If you don't give us this information, we'll use the totals from the membership spreadsheet to work out your account.

## 3. Members absent from work

Have any insured **members** been absent from work for over three months at the **annual renewal date**?  Yes  No

If yes, please give details in the table below:

Name	Date of birth	Date of first absence	Life assurance benefit	Dependants' pension (if insured)	Reason for absence (if due to incapacity, please give nature of illness or injury)
<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"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Make sure you remember to include absent **members** on the membership spreadsheet for their insured benefit. Our **policy** explains when temporary absence cover ends, and if we allow benefit to increase during absence.

## 4. Take up rate

If the **policy** eligibility is linked to membership of your pension scheme, please give the percentage of eligible individuals who join your pension scheme.

%

## 5. Your business

Has the nature of business changed for any of the employers included under this **policy**?  Yes  No

If yes, please give details below:

You need to tell us if you want to add or remove an employer under the **policy**. We can consider these changes from the day you tell us, or a future date. We may set new terms and change the rate and premium we charge you.

## 6. Trustee changes

If your death in service scheme has named trustees, please remember to keep us updated of any changes by using the below form.

[legalandgeneral.com/library/workplace-benefits/protection/proposal-forms/Additional-trustee-form.pdf](https://legalandgeneral.com/library/workplace-benefits/protection/proposal-forms/Additional-trustee-form.pdf)

Please note this information is only required if individuals or corporate trustees are named in the trust document or appointed in a later deed.

## 7. Medical evidence

You need to tell us about anyone who needs to give us medical evidence before we can consider their full cover. Times we need medical evidence include:

- When a **member's** cover goes over the **free limit** for the first time.
- Anyone who needs cover before or after they are first eligible and our terms say medical evidence is needed.
- If our terms say we need medical evidence for cover.

The above is just a summary. Our **policy** gives you full details of when we need medical evidence.

Tell us as soon as you're aware of a **member** needing to supply medical evidence. We suggest you regularly check if anyone needs to give us medical evidence and not leave it to the **annual renewal date**. Regular checks will help you make sure you have the cover you need.

## 8. A reminder

Our **policy** asks you to make sure the information you provide is complete and correct. We will not pay a benefit for a **member** if you don't meet the requirements in this form and the **policy** for that **member**.

You need to make sure the membership information is in line with the eligibility conditions and benefit basis we insure. We will not pay a claim for an individual who isn't on the membership spreadsheet, or is included for a benefit we haven't agreed to insure.

## 9. Data protection and disclosures

### Data protection

Use of your information: Legal & General takes your privacy very seriously. We use the personal information collected by this form and any other information we're provided with, for the purposes of:

- Carrying out our responsibilities under any policy or agreement you enter into with us, and to provide information, products and services you request.
- To tell you about changes to our services and products.
- To comply with any applicable legal or regulatory requirements.
- For carrying out market research, statistical analysis and customer profiling to help us to improve our processes, products and services.
- To define our actuarial, pricing and underwriting strategies.
- To run our business in an efficient and proper way.
- For any other purpose that we've agreed with you from time to time.

The information that we collect from you may be transferred to, and stored at, a destination outside the European Economic Area ("EEA") to third-party suppliers, delegates or agents. We'll take all reasonably necessary steps to make sure that the data is treated securely and in accordance with our privacy policy. We'll only transfer the data to a recipient outside the EEA where we're permitted to do so by law.

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, or consider seeking appropriate consent (explicit consent in the case of medical or health information).

[Our full Privacy Policy is available at \[legalandgeneral.com/privacy-policy/\]\(https://legalandgeneral.com/privacy-policy/\). Please share this with your employees so they understand what we do with the information we collect.](https://legalandgeneral.com/privacy-policy/)

### Disclosures

We'll disclose when necessary, your information to other companies within the Legal & General group of companies, your financial adviser, our professional advisers, reinsurers, regulatory bodies, government, law enforcement and fraud prevention agencies, future owners of our business, and the third-party suppliers, contractors and service providers we engage to help us provide our services to you.

If you make a claim, we will share information, where necessary, with other insurance companies to prevent fraudulent claims.

We may check details with fraud prevention agencies. If false or inaccurate information is provided and fraud is identified, details may be passed to fraud prevention agencies. Legal & General, law enforcement agencies and other organisations may access and use this information and information from other countries, to prevent fraud and money laundering.

You can contact us at: Group Financial Crime, Legal & General, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL if you want to receive details of the relevant fraud prevention agencies.

## 10. Declaration

I will share Legal & General's [Privacy Policy](#) with the **members**.

I declare the information given on this form and membership spreadsheet is complete and correct.

Signature or print name

X

Date (DD/MM/YYYY)

D D M M Y Y Y Y

Name (BLOCK CAPITALS)

Position

## 11. Glossary

**Annual renewal date** is the day each year we work out your accurate account and premium.

**Exact cost accounting** is an accounting method we normally use for **policies** insuring nine or fewer **members**. This method accurately allows for when **members** join, leave or if their cover changes. The **policy** will tell you if exact cost accounting applies.

**Free limit** means an amount of benefit we can cover a **member** for without needing medical evidence or details of their pastimes. You can find out more about the free limit in the **policy**.

**Member** means a person included in the **scheme** in accordance with the eligibility terms.

**Partnership accounting** is an accounting method we normally use for **policies** that just insure self-employed equity partners or limited liability partnership **members**.

**Policy** means the legal contract between you and us. It describes who is covered and the benefits we insure. We send this to you when cover starts, and each time the policy is updated.

**Sweep up accounting** is an accounting method which adjusts premiums at the end of each **policy** year for changes in membership and benefit. Our adjustment assumes all changes took place midway through the year.

**Total benefit** means the total benefit for all **members**.

## Contact us

0345 072 0751 Monday to Friday 9am to 5pm.

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

[group.protection@landg.com](mailto:group.protection@landg.com)

[legalandgeneral.com/workplacebenefits](https://legalandgeneral.com/workplacebenefits)

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