

# Group critical illness cover rate review and renewal form

Principal employer's name

Policy number

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

We need this 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**.

- Membership category (if you insure more than one benefit level)
- First name
- Last name
- Date of birth
- Gender
- Job title
- Work postcode
- **Scheme earnings**
- **Member's benefit**

If your **policy** includes the following contract features:

- **Exact cost accounting.** Please show the dates if a **member's** cover has started or ended since the previous **annual renewal date**. If **scheme earnings** for a **member** can change between **annual renewal dates**, please also show the date and change amount.
- Cover for spouses and civil partners. Please show the spouse or civil partner's name, gender and date of birth alongside each **member's** details.

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**. If **scheme earnings** have reduced during a **member's** absence, please show their **scheme earnings** and cover at the level just before their absence started.

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**.

Number of **members**

**Total members' benefit**

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

## 3. 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.

%

## 4. 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're first eligible and our terms say medical evidence is needed.
- If our terms say we need medical evidence to consider 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.

## 5. A reminder

### Information accuracy

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.

### Exclusions

You need to tell **members** about the pre-existing and related conditions exclusions that apply to cover. We've included full details of these exclusions in the **policy**. If needed, we can give you an electronic copy of an employee leaflet summarising the cover.

### Participating employers

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. 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](https://legalandgeneral.com/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.

### 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.

## 7. 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 type name

X

Date (DD/MM/YYYY)

D D M M Y Y Y Y

Name (BLOCK CAPITALS)

Position

## 8. 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 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's benefit** means the cover we provide for an employee.

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

**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.

**Scheme earnings** means the earnings used to work out the main benefit paid for the **member**.

**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 members' benefit** means the total **member's 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.  
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[legalandgeneral.com/workplacebenefits](https://legalandgeneral.com/workplacebenefits)

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