

Proposal for ill health early retirement benefit

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 the outset if you fail to disclose material information.

The [Ill Health Early Retirement Benefit 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 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.



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.

1

Principal employer

Registered address if a company; principal business address if a partnership.

Name

Address

Postcode

Companies House registration number

Nature of business



2

Other participating employers

Are there any other employers participating in the **policy**?

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

Yes No

Employer's name
Address

Postcode
Registered number
Nature of business

Employer's name
Address

Postcode
Registered number
Nature of business

Employer's name
Address

Postcode
Registered number
Nature of business

Employer's name
Address

Postcode
Registered number
Nature of business

3

Occupations

Please state the approximate number of **members** in each occupational category:

<input type="text"/>	Director/professional	<input type="text"/>	Qualified technical*
<input type="text"/>	White collar/managerial	<input type="text"/>	Skilled manual
<input type="text"/>	Clerical/administrative	<input type="text"/>	Unskilled
<input type="text"/>	Foreman/supervisor	<input type="text"/>	HGV driver
<input type="text"/>	Sales	<input type="text"/>	Hazardous**

* An occupation such as surveyor or engineer requiring post A-level qualifications or significant experience.

** An occupation where the employer knows that in undertaking the occupation the **members** are exposing themselves to a recognisable, but unavoidable risk of injury.

4.1 Please state the approximate number of **members** at each of the employer's main locations.

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

County
Full postcode
Number of **members**

4 Location

4.2 Are all **members** permanent employees normally resident and working in the United Kingdom?

Yes No

If 'No', please give details including the number of **members** and the countries involved.

5 Scheme basis

Please refer to the accepted quotation.

5.1 Does the quote accurately record:

- a) the eligibility conditions?
- b) the benefits to be insured under the **policy**?
- c) the **scheme earnings** definition?
- d) the **annual renewal date**?
- e) all other requirements?

If 'No' to any of the above, please provide full details of the changes required

Yes No

Yes No

Yes No

Yes No

Yes No

5

Scheme basis

Defined Benefit Pension Schemes

5.2 Please state the basis on which the member's pension is calculated, for example, 1/60th pensionable earnings for each year of service to normal retirement date.

[Empty text box for question 5.2]

5.3 Please state how the member's pension entitlement is enhanced, if an ill health early retirement award is made. For example, is the early payment reduction factor removed and/or future pensionable service awarded?

[Empty text box for question 5.3]

Defined Contribution Schemes

5.4 Please confirm the formula for enhancing the member's pension when an ill health early retirement award is made.

[Empty text box for question 5.4]

6

Membership data

Please confirm the membership data for the quotation, is correct as at the policy start date. We won't pay a claim for any members we've not received accurate details for.

Yes No

If 'No', please provide correct data separately

7

Benefit calculation

If the scheme benefit is based on the ill health early retirement funding strain arising under a Defined Benefit scheme, will this figure be supplied by the scheme actuary or estimated by Legal & General as a rounded multiple of scheme earnings?

Scheme actuary calculates funding strain
 Legal & General estimates funding strain and insures rounded multiple of scheme earnings.

8

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

[Empty text box for question 8]

9 Policyholder

Who will be the policyholder?
This may be the principal employer
or the pension scheme trustees.

If (b), please state the full name
as recorded in the scheme
documentation, for example, the
Trustees of the ABC Ltd Pension and
Life Assurance Scheme.

<input type="checkbox"/> a) Principal employer as shown in Section 1, or	<input type="checkbox"/> b) Pension scheme trustees

10 Trustee details

If the trust names anyone other than the principal employer as the **trustee** then we will need some additional information about the **trustees** of the **scheme**. This could be a third party trustee company or a group of individuals named on the trust document.

Please only give details of individuals if they are named in the trust document or a later addendum.

To protect you and us from financial crime, we may need to confirm your identity. We may do this by using reference agencies to search sources of information about you (an identity search). This will not affect your credit rating. If this identity search fails, we may ask you for documents to confirm your identity.

If there are additional trustees to notify us of, please complete the [additional trustees form](#) with their details and return it along with this form.

Full name
(including any middle names)

Date of birth

Gender

Address
(this is the home address for individual trustees or the registered address for a corporate trustee)

Postcode

Additional terms can include an increase to the premium, exclusions, restrictions, postponements or declined cover.

Full name
(including any middle names)

Date of birth

Gender

Address
(this is the home address for individual trustees or the registered address for a corporate trustee)

Postcode

Trustee details

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Male Female

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

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Male Female

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

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Payment details

Claim payments and premium refunds can only be made by direct credit. We'd appreciate if you can let us have your bank account details now as this will avoid unnecessary delays in obtaining your written authority when we pay money to you. We'll always confirm these details are still correct before making payment.

Please let us know your bank details as follows:

Payee name

Sort code

Account number

The Principal Employer or Trustees for premium refunds

Payee name

Sort code

Account number

The Principal Employer or Trustees for claim payments

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Added value benefits

To help us keep you informed of any changes to our added value benefits, please let us have your contact preferences:

Please contact:

Adviser main email address (if applicable)

Your main email address (if applicable)

<input type="checkbox"/>	My adviser	<input type="checkbox"/>	Me directly	<input type="checkbox"/>	Both of us

13

Our financial adviser for the policy(ies) is

Name

Address

Postcode

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General policy information

We'll sometimes need to send you important information about the **policy**. You can choose if you'd like us to send you this by email or post. If you choose email, please give us an address for a central mailbox and not an individual. If you give us an individual's email address, we'll write to you by post.

Please tick whom you want us to write to and if this is by email or by post.

If email, please give us the mailbox address:

If post, please only give us the address if it's different to the address given in section 1.

Postcode

<input type="checkbox"/>	To my adviser	<input type="checkbox"/>	To me
<input type="checkbox"/>	By email	<input type="checkbox"/>	By post

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

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

dated

with effect from

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

We confirm that the **scheme earnings**/benefits notified, or to be notified, are correct as at the **policy** start date.

We confirm that where Legal & General has calculated the multiple of **scheme earnings** to be insured we understand that this will be the amount payable in the event of a claim.

Important – please read

Data protection

Use of your information: Legal & General takes your privacy very seriously. We use the personal information collected by this application 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 members 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 <https://www.legalandgeneral.com/privacy-policy/>.

Please share this with your members 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.

Signature for policyholder

Name in BLOCK CAPITALS

Date

Contact us



0345 072 0751

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



group.protection@landg.com
legalandgeneral.com/workplacebenefits



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

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Registered in England and Wales No.166055.
Registered office: One Coleman Street, London EC2R 5AA.

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