



**2****Member continued**

2.3 When was the member's first date of current absence?

<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"/>	(DD/MM/YYYY)
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2.4 Please provide details of all absence related to this condition in the last 12 months, including their current/most recent period of absence.

**3****Reason for absence**

Please fully describe the illness or injury that is preventing the member from working. If they're off work for an operation or recovery from an operation then please include full details.

**4****Employment details**

4.1 Employee's job title

Please enclose, with this application, a copy of the member's job description, including skills and competencies required, together with attendance records for the last two years.

4.2 Are there any non-medical reasons that may be impacting on the individual's absence?

Yes  No

If Yes, please give details

**5****Financial details**

5.1 For benefit calculation purposes, what are the member's:

Contractual weekly working hours?

<input type="text"/>	hours
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Scheme earnings in accordance with the insured definition?

£	<input type="text"/>
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Basic annual salary?

£	<input type="text"/>
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Pensionable earnings (for calculating pension contributions, if insured)?

£	<input type="text"/>
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Total earnings in 12 months prior to absence?

£	<input type="text"/>
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5.2 Are pension fund contributions insured under the policy?

Yes  No

5.3 Is the member in the company pension scheme?

Yes  No

If yes, date joined pension scheme

<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"/>	(DD/MM/YYYY)
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5.4 If you are insuring your liability for National Insurance contributions, please tick the relevant box:

The member is contracted out under a defined benefits scheme

Yes  No

The member is contracted out under a defined contribution scheme

Yes  No

The member is contracted in

Yes  No

**5****Financial details** continued

**5.5** For flexible/MULTIFLEX benefit schemes:

Please state the % of scheme earnings insured

Is benefit paid to normal retirement age or limited term?

 %

Normal retirement

Limited term

**5.6** Benefit is payable monthly in arrears to the employer by direct credit. Please provide the following details:

Account name

Account number

Sort code


**6****Further information**

**6.1** Have you requested Occupational Health advice relating to this absence?

If yes, please provide contact details and information about the advice you've been given.

Yes

No

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**6.2** Has the job description been attached?

Yes

No

**6.3** Have the member's absence records been attached?

Yes

No

**7****Declaration by the principal employer as grantee of the policy**

We declare that on the date of last attendance at work the member met the eligibility conditions agreed for the policy. We also declare the information we've provided in this form is correct to the best of our knowledge and belief.

We confirm that we have the member's explicit consent, or other legal basis, to provide the information contained in this form to Legal & General and to receive from Legal & General any further information (including medical or health information) that is required as a result of this notification.

If the member's absence results in the payment of Group Income Protection benefit under the policy, we, the grantees of the policy, ask you to make payment in accordance with the instructions given above.

**Please note:** We should be notified as soon as possible if the member returns to active employment.

**To be signed by an official of the principal employer.**

Signature or print name

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Job title

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Date signed (DD/MM/YYYY)

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**Please print, sign and return by post, or simply type your name in the signature box and return by email.**

# Contact us



**0345 072 0758**

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