

# Proposal form for Group Life policies:

- **Registered Life Assurance Benefit**
- **Dependants' Pensions Policies**
- **Excepted Group Life Policies (EGLP)**

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 any right to cancel a contract from the outset if you fail to disclose material information.

The [Group Life and Dependants' Pensions 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 benefit 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.

## Sanction Checks

This **policy(ies)** is not suitable for any entity that is, or is at risk of being, sanctioned under any United Kingdom, European Union, United States of America or United Nation sanctions programs, or which has any related entities (such as a parent or subsidiary), employees or officers that are or maybe subject to such a program.

## Important

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 [Group Life Assurance and Dependants' Pension 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 employees need to give us medical evidence.
- Check if employees are **actively at work**.
- Make sure you'll have a **scheme** in place to pay the benefits through for when the **policy** starts. We offer [specimen scheme documents](#).
- If you've chosen to use our Mastertrust, we'll need to receive your Mastertrust application before cover starts:
  - Complete and return the [Group Life Mastertrust application](#) for **registered** cover under our Mastertrust.
  - Complete and return the [Relevant Life Mastertrust application](#) for **excepted group life policy** cover under our Mastertrust.
- You'll need to complete both applications if you're setting up **registered** and **excepted group life policy** cover under our Mastertrusts.



## Important

Our quote and technical guide explain if employees need to give us medical evidence, or if they need to be **actively at work**, for cover.

## Checklist continued

Within 14 days after the policy starts

To complete your **policy** set up we'll need:

- This completed proposal form.
- A completed [direct debit mandate](#) form if you're paying monthly premiums, or your first premium if you're paying yearly premiums.
- Up-to-date membership data if the data you gave us for the quote has changed.
- Where previously insured, your insurer applied additional terms for an employee's cover, we'll need you to complete and send us a [Declaration – Switch Terms form](#), or a copy of the previous insurer's acceptance letter.
- Any other details we ask for when we confirm cover.

Download our documents and forms from our [document library](#)

## 1. Principal employer

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

Name

Address

Postcode

Companies House registration number

Type of business  
e.g. Limited company,  
Charity or Firm

## 2. Participating employers

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

Yes

No

**Employer one**

**Employer two**

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

Employer's name

Address

Postcode

Registered number

Nature of business

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

### 3. The scheme

3.1 Please confirm the type of **scheme** you will use to provide the insured benefits.

The **Legal & General Group Life Mastertrust scheme** for **registered** cover. Please remember we'll need your completed **Group Life Mastertrust application form** before your policy start date.

The **Legal & General Relevant Life Mastertrust scheme** for **excepted group life policies**. Please remember we'll need your completed **Relevant Life Mastertrust application form** before your policy start date.

A new stand-alone death in service **scheme** set up using Legal & General's specimen trust and rules.

A new or existing **registered** stand-alone death in service scheme set up using your own, or a different insurer's, trust and rules.

An occupational pension **scheme**.

A new or existing **excepted** death in service **scheme** set up using your own, or a different insurer's, trust and rules.

Note: if you're insuring more than one **scheme**, you'll need to give details of each **scheme** on separate proposal forms. We'll set up separate **policies** for each **scheme**.

3.2 Please provide the following information: (this section does not apply if you are joining our Mastertrusts)

The title of your **registered** stand-alone death in service **scheme**

The title of your **excepted group life policy**

The HM Revenue & Customs Pension Scheme Tax Reference for your **scheme** if it's **registered**.

### 4. Employees absent from work

Are there any employees who, at the **policy** start date, have been absent from work for a period of three months or more?

Yes

No

If 'Yes', please give each employee's date of birth, date of first absence, reason for absence (if due to illness, please provide the nature of the illness), **scheme earnings** and benefit entitlement at the **policy** start date. We may need to change or withdraw our quote if this information has changed since we quoted.

Date of birth

Date of first absence

Reason for absence

**Scheme earnings** and benefit entitlement

Date of birth

Date of first absence

Reason for absence

**Scheme earnings** and benefit entitlement

If there are more than three employees, their details can be provided on a separate sheet.

Date of birth

Date of first absence

Reason for absence

**Scheme earnings** and benefit entitlement

## 5. Previous medical underwriting terms

5.1 Where previously insured, did the insurer cover all your eligible employees 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 hasn't been provided).	Yes	No	Not Applicable
		If 'No', please either: <ul style="list-style-type: none"><li>• attach a copy of the previous insurer's acceptance letter for employees with additional terms; or</li><li>• complete and attach a <b>Declaration – Switch Terms</b> form giving details of the employees with additional terms. You can download this form from our <a href="#">website</a></li></ul> Read our quote and technical guide to find out about the employees with additional terms we can cover, and when <b>medical underwriting</b> is needed.		

## 6. Membership data

Is the membership data for the quotation correct as at the start date of the <b>policy(ies)</b> ?	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 <b>policy</b> .	

## 7. 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 our assumptions aren't correct, we may need to change or withdraw our quote.	If 'No', please provide the correct details	

## 8. Policyholder

Who will be the policyholder? This is the principal employer if you're using a Legal & General Mastertrust. Otherwise this is <b>trustees</b> . The principal employer may have appointed itself as the trustee or a separate body of <b>trustees</b> .	a) Principal employer as shown in Section 1, or	b) Other
If (b), please state the full name as recorded in the <b>scheme</b> documentation, for example, the Trustees of the ABC Ltd Pension and Life Assurance Scheme		

## 9. 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.

Trustee details			
Full name (including any middle names)			
Date of birth			
Gender	Male	Female	
Address (this is the home address for individual trustees or the registered address for a corporate trustee)			
Postcode			

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

Trustee details			
Full name (including any middle names)			
Date of birth			
Gender	Male	Female	
Address (this is the home address for individual trustees or the registered address for a corporate trustee)			
Postcode			

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.

Trustee details			
Full name (including any middle names)			
Date of birth			
Gender	Male	Female	
Address (this is the home address for individual trustees or the registered address for a corporate trustee)			
Postcode			

## 10. 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.

	The Principal Employers or Trustees for premium refunds		
Payee name			
Sort code			
Account number			
	The Trustees for claim payments (if different from above and you're not using a Legal & General Mastertrust scheme).		
Payee name			
Sort code			
Account number			

## 11. Financial adviser information

Name

Address

Postcode

## 12. Data protection and disclosures

### IMPORTANT PLEASE READ

#### Data Protection

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.

Our full Privacy Policy is available at <https://www.legalandgeneral.com/privacy-policy/>. Please share this with your employees 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, Four Central Square, Cardiff, CF10 1FS

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.

## 13. Declaration by the grantee of the policy(ies)

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

We confirm that the applicants and all of its related entities, employees and officers are not currently sanctioned under any United Kingdom, European Union, United States of America or United Nations sanctions program, nor at risk of becoming sanctioned under any such program.

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)**.

Signature for policyholder



Name in BLOCK CAPITALS

Date

# Contact us



**0345 026 0094**

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



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



**[legalandgeneral.com/employer/group-protection/](https://legalandgeneral.com/employer/group-protection/)**



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