

Group Life Assurance Scheme Application Form

Instructions for use

To ensure that underwriters have enough time to consider placing the scheme on risk with Syndicate 44 to expiry of your existing policy, please send this signed form to our offices no later than 4.00pm thirty days before the expiry date, together with member data (i.e. an excel spreadsheet or table in word format containing the following information for each proposed member: name, gender, date of birth, current salary, start date and postcode.)

Please highlight those employees who were not covered by your previous policy with an explanation as to why and a note of when they became eligible to join the scheme. If any employee is joining the scheme before the normal completion of service requirements, please explain why.

When providing the member data to your intermediary please highlight any proposed member's involvement with any hazardous substances or any hazardous duties undertaken by the proposed member and provide details of any foreign travel or residency for each proposed member.

When completing this form, please use BLOCK CAPITALS where possible. You may attach a separate sheet showing the requested information

1- Intermediary Details

Name of Registered Intermediary

Office Address

Post Code:

Lutine Agency Number & FCE Number

Agency No:

FCA No:

Name & Telephone of Intermediary Contact

2- General Information

Accepted Quotation Reference Number

Are there any changes to the basis of cover from this quote
e.g. Annual instead of Monthly Premiums or different
commission terms (If Yes please provide details in the box to
the right and note a re-quote will be required)

Yes

No

Name of Scheme

Commencement Date & Renewal Date

Commencement Date:

Renewal Date:

Principal Employer Full Registered Name

Principle Employer Trading Address

Post Code:

Companies House Registered Number

Nature of Business

Names of any other Participating Employers
For any other Employers to be included in the
Scheme including their full registered name
And addresses

Please provide full details of the nature of the
business

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3 – Scheme Details

Is this a newly insured scheme or is the scheme currently insured? New Currently Insured

Are there any other benefits payable on Death in service to be insured elsewhere or self-insured? Yes No

If new has the employer been trading for more than 18 months? Yes No

Is redundancy cover required? Yes No

If Yes please note, continuation cover will be provided for named Members made redundant, for up to a maximum of 2 years, or will cease on any re-employment, whichever comes first (if the quote you are accepting did not include redundancy cover but this optional cover is new required we will need to re cost the scheme)

Please confirm the existing Free Cover Limit (FCL) level

£

Please advise the Temporary Absence (TA) Terms provided under the previous scheme

Please advise full details of any changed to the Benefit Basis Eligibility Conditions or Schemes Structure that would have applied at this/next renewal had the previous Scheme remained in force (if none, write NONE)

Please define the Membership Criteria to be used for the scheme and confirm take up rate? IF ELIGIBILITY TAKE UP RATE IS LESS THAT 90%, WEL WILL NOT ASSUME THAT THE SCHEME IS A DISCRETIONARY SCHEME. PLEASE CONTACT LUTINE AS WE DO NOT WRITE DISCRETIONARY SCHEME'S AS STANDARD BUT MAY CONSIDER WITH UNDERWRITING.

1. All Employees of the Grantee/ Principal Employer

2. All Pension Scheme Members

If 2. Please confirm eligibility of the Employer Pension Scheme and the % take up rate %

3. Other

If other please explain full definition of Membership Criteria

Please detail the 'Completion of Service' requirement before any new employees can join the Scheme (i.e. immediately, after 3 months service, at a set anniversary date, etc.)

Please detail any lives who are joining before or after the 'Completion of Service' requirement stated above, or do not form part of the 'Defined Membership' and give full details as to why.

Are new Entrants to be included in the Scheme? Daily At Renewal Only

Are increases in Benefits to be allowed? Daily At Renewal Only

Please note: new employees must be included in this Scheme arrangement within 6 months of first becoming eligible

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3 – Scheme Details (continued)

Please confirm age at which Scheme Cover Ceases (CCA). If maximum age and /or Cover Cease Age are linked to State Pensionable Age please write SPA

If the Cessation Age for cover is beyond age 65/SPA, is it compulsory for all members?

Yes

No

If 'No' please give full details and reasons

How many Members are to be included in this Scheme in total?

If Partners or Equality Partners are to be included in the Scheme, please confirm that the cover for such members is required for Death in Service Benefits only

Yes

No

If 'No' please advise full details

Please provide details below of any lives who work on average less than 20 hours per week

Please advise the Lump sum formula for each Occupational class: (i.e. state the multiple of salary or amount of set benefit)

	Occupational Classes	Multiple of Salary (i.e. 4x)	Flat/ Set Benefit
1			
2			
3			
4			
5			

If the Definition of Benefit is a Multiple of Basic Salary please tick one of the boxes below

Basic annual salary at the Date of Death

Basic annual salary at the Annual Revision Date

Other (If Other please specify on the right)

Please list types and the proportions of all different occupations to be included in the scheme (e.g. Directors 20%, Travelling Sales Staff 10%, Office staff 30%, Factory workers 40%, Equity Partners)

	%
	%
	%
	%
	%

Please Note: We do not offer Discretionary Schemes as standard. If this is a Discretionary/ Voluntary Scheme, please advise full details

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4 – Claims Experience

Have there been any claims in the last 5 years?

If Yes, Please provide full details in respect of the previous 5 years insurance history:
(Including any pending/ declined claims, premium rates, sums assured and no. of lives)

Year	Total Sum Assured	Premium	No. of Claims	Total Claims Paid Out	No. of lives in Scheme
	£	£		£	
	£	£		£	
	£	£		£	
	£	£		£	
	£	£		£	

If not previously insured, how many Employee deaths have there been in the last 3 years? Please provide full details below

5 – Overseas Travel/ Residency

Is there any regular overseas travel, working outside the country of residence or more than 4 lives travelling together at any one time?

If Yes, will any of the employees to be covered undertake any business travel outside of the following countries? – UK, Isle of Man, Channel Islands, all of other EU countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, ASU and the Vatican City

If Yes, please confirm exact destinations, frequencies and durations of travel or amount of time spent in each location per year

Are any of the Employees/ Members to be covered seconded / resident outside of the UK, Isle of Man or Channel Islands?

If yes please complete the information below.

Name	Nationality	Location	DOB	Salary	Start Date	End Date	UK Contract of Employment Y / N
				£			
				£			
				£			

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6 – Rate Guarantee Period

Would you like a Rate Guarantee Period? (please tick one box)

1 Year

2 Years

The Premium Rate is usually guaranteed from the Inception or Renewal Date for the period you have requested and will not be adjusted or reviewed during this period, other than in the following circumstances:

1. A change in the Eligibility Conditions OR
2. A change in the taxation of the scheme benefits and/ or premiums OR
3. If either the number of members or value of benefits provided at inception increase by more than 25% OR
4. A change in the basis for calculating the Scheme Benefits

PLEASE NOTE: We reserve the right to revise the premium rate at the end of each Rate Guarantee Period.

7 – Trust & Registration

Is this a Registered Death in Service Scheme?

Yes

No

Is there an existing trust in place? If yes please provide Lutine with a copy

Yes

No

Please confirm the date of registration

What is the PSO/PSTR number applicable to the Deed?

What is the full name as it appears on the establishing Deed?

Is this scheme to form part of the Master Trust provided through Lutine Assurance?

Yes

No

8 – Lutine Lifestyles

Do you wish to opt into the Free Lifestyles Employee Benefits Service?

Yes

No

Lutine Lifestyles is offered in Partnership with BHSF and includes

- Discounted online shopping over 100 high street stores
- Free will writing service & access to over 80 FREE online documents
- DAS household law advisory service
- FREE online health assessment

9 – Group Actively-at-Work (AAW) Declaration

Please refer to our original Quotation before completing this section. We are unable to assume risk until all additional Risk Underwriting requirements have been confirmed or submitted in writing.

The terms and conditions define Actively at Work as follows:

A new or prospective Member:-

- Not being absent from work
- Not having received medical advice to refrain from work
- Working the normal number of hours required by their contract of Employment
- Being present at their usual place of work and both mentally and physically capable of carrying out their normal day to day duties
- Having no more than the number of selected days (see below). Off work in the last 12 months

Note: In respect of all of the above, absence from work does not include holidays, business travel or working from home (unless medically advised or medically incapable of working at the usual place of work).

It will be condition precedent to cover that all employees covered by the policy are Actively at Work. Lutine may agree to extend the policy to cover those proposed members who are not Actively at Work so long as they are identified on the following page, but such a cover may be subject to different terms and is likely to attract an additional premium. Before cover can be extended to proposed members listed on the following page, Lutine may require further information from you. Lutine is unable to assume any risk until it has received any additional information it requests and its quote is provided.

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9 – Group Actively-at-Work (AAW) Declaration (continued)

A: We hereby certify that with the exception of those Employees detailed below, no Employees now eligible for cover under this Group Life Scheme Application have been Absent from Work for:

(Tick one option only, or delete the 2 options that are not relevant)

10 days or more
(if 25 lives or less)

60 days or more
(if 26 to 100 lives)

90 days or more
(if over 100 lives)

On account of an injury, illness or disablement in the last 12 months, or on the last working day prior to the intended commencement date of Group Life with Lutine Assurance Services Limited

Full Name	Reason for Absence	No. Days off Work	Return Date to Work

Furthermore, All Employees who fulfil the Active-at-Work(AAW) Condition where not only present at their place of work, but were mentally and physically capable of discharging fully the normal regular duties associated with the job for which they are employed

B: Set out below are Member who are currently Actively at Work as at the date of this Application, but about whom you have been notified of pending hospitalisation, or planned surgery or have chronic illness of which you are aware, that have notified you or may necessitate known or planned absences from work in the next 12 months

Full Name	Reason for Absence	No. Days off Work	Return Date to Work

C: Set out below are the names of any Members included for cover with Lutine Assurance Services Limited who have been loaded by +150% or more for any form of Group Life Benefit, or has their Sum Assured Benefit restricted, limited to the Free Cover Limit only, or had Life cover postponed or declined

Full Name	Reason for Absence	No. Days off Work	Return Date to Work

The requirements for Employees who do not satisfy the Actively at Work (AAW) requirements are shown in our Terms and Conditions and may vary depending on the number of Members in the Scheme.

We reserve the right to amend/ withdraw out Quotation if there are any Members who have not been underwritten on standard terms, or if there are any Long Term Absentees that you have not previously told us about

Note: If you need extra space please attach a separate sheet with full details and tick here to confirm to Lutine that additional information was submitted separately to support this proposal

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10 – Important Notes

1. Please sign and return this Declaration to Lutine no later than 30 days BEFORE expiry of your current policy
2. The underwriting information and requirements may vary for employees identified in the AAW Declaration, depending on their specific circumstances
3. The terms conditions may vary, upon receiving the AAW information. A revised quotation will be issued where necessary.
4. Existing Lutine Scheme's that are not insured with Syndicate 44, will end on the expiry date. The clients therefore need to reapply for cover on Syndicate 44's terms and conditions. It is therefore important for existing Lutine Scheme's to return this form as quickly as possible, in order to make the process of changing the insurer easier.

11 - Declaration

I / We hereby declare that the foregoing statements and associated details of Members are true and complete in every respect and we agree that such a statements and any other made by Me/ Us in connection with this Application shall form the basis of the contract between ourselves and Lutine Assurance Services Limited.

We enclose all additional information requested within our quotation or as required in support of this application. We consent to Lutine Assurance Services Limited seeking information from any insurance company to which a proposal for Group Life Assurance has been made and authorise the giving of such information.

Data Protection

The 1998 Data Protection Act places responsibilities on people and organisations who use personal information. The Act has particular regard to the right of the individual. It includes the right for individuals to have this information protected and imposes special conditions and rights if this information is classified as 'sensitive'.

'Sensitive personal information' is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences, and trade union membership.

Our interest is restricted to the categories of health and sexual life for underwriting purposes.

Any information collected from you by our Underwriters will be carefully protected and any details which could be defined as 'sensitive' as above will receive extra protection.

We may, however pass on information to our insurance partners & reinsurers, and other individual or groups, for example, medical practitioners, who may be involved in the process of this proposal for assurance or official bodies where we are legally obliged to do so.

'Sensitive' information relating to your proposal for assurance may not be processed without your explicit consent. Should your consent of the processing of sensitive information not be given, it may not be possible to underwrite your proposal. Therefore would you please indicate your consent to such processing by signing below. All information provided may be retained for up to six years from the date of your proposal or when you cease to be a policy holder with us.

All information provided may be retained up to seven years from the date of commencement of the policy or when your client ceases to be a policy holder with us, whichever is the latter.

Declaration

I/We declare that the information in this application and any other written statements provide the Lutine Assurance Services Limited are, to the best of my/ our knowledge and belief, correct and true.

Authorised Signature 1 of Principal Employer		Authorised Signature 2 of Principal Employer	
Name (BLOCK CAPITALS)		Name (BLOCK CAPITALS)	
Position in Firm		Position in Firm	
Date		Date	

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12 – Intermediary Checklist

This section is for completion by the placing Intermediary only, they are not mandatory fields used in the Underwriting of this Application and are meant to act as a guide for you only.

Checking these items have been satisfied will speed up the Group Life Application process

- | | | |
|--|------------------------------|-----------------------------|
| 1. Have you conducted the necessary Money Laundering checks as required by current regulation and have adhered to the Principles of Treating Customers Fairly? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 2. Are all sections of the proposal complete?
Please note that even sections that are 'not applicable' or None should be answered as such & not left blank. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 3. If any questions have been answered 'Yes', have the full details to the answer been given to Lutine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 4. Have you provided any additional information or forms requested on the original page? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 5. Has the Scheme been registered with Inland Revenue? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 6. Does the scheme have a Trust Form that is transferable and have you provided Lutine Assurance with a copy? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 7. If no to the above will this scheme form part of the Master Trust provided through Lutine Assurance? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 8. Do you need to obtain any Member Declarations & have then been sent to Lutine? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |