

Group Life

On risk form for a Group Life Assurance Policy for Registered Death in Service Benefits

This form may only be completed by an individual authorised to act for and on behalf of the Trustees of the Registered Death in Service Scheme.

Important Note:

- **This form must be received by Generali by 2pm on the working day prior to the proposed commencement date.**
- Please complete this form carefully.
- Please remember that any omission or mis-statement of a material fact could reduce the amount payable under the policy or even invalidate the cover entirely.
- Please complete all boxes in block capitals or indicate where requested.
- Any additional information should be completed at the end of the form in the section provided or on an additional signed and dated sheet if required.
- The policy will only be provided on the basis that the insurance cover required is solely in relation to a Group Life Scheme, registered under Part 4 of the Finance Act 2004.
- For further information please refer to our Technical Guide and our Policy Terms and Conditions.

Employer Details:

Principal employer's full registered name:

Principal employer's registered address:

Principal employer's trading/business address (if different from above):

Companies House Registered Number:

Participating employer's full registered name:

Participating employer's registered address:

Participating employer's trading/business address (if different from above):

Companies House Registered Number:

Trade or business carried out by the employers named:



Contact:

Name (day to day correspondence contact):

Job Title:

Company:

Address:

Email:

Telephone:

Please note we must correspond with the same contact for linked or associated policies.

Quotation Details:

Policy Name:

Quotation Reference:

HMRC Scheme Registration Number:

If this is a new Scheme please ensure it is registered with HMRC before we are asked to assume risk

Proposed Risk Commencement Date:

Annual Revision Date:

Commission basis:

%

Commission payable to:

Name:

Address:

Is this scheme currently insured?

Yes

No

Previous Insurer Details (if applicable):

Name of previous insurer:

Existing Free Cover Level (please detail as to whether this is of benefit or salary):

Temporary Absence Terms provided under the previous scheme:

Please detail any changes to the benefit basis or scheme structure from the currently insured basis:

Confirmation of Information Provided for Quotation:

Please provide confirmation in respect of the following:
(Please indicate where appropriate)

Medical Underwriting:

All members who have benefits in excess of the current free cover limit and for any discretionary entrants not accepted at ordinary rates:

- Yes No This scheme was previously insured
- Yes No All members have been accepted at ordinary rates for their benefits as at the day prior to the commencement date
- Yes No The information and /or assumptions detailed in the quotation are correct and have not altered
- Yes No The information and /or assumptions detailed in the quotation are incorrect, revised details are attached

Temporary Absence Information:

All members who were absent work due to illness or injury for a period of 90 days or more as at the date detailed on the quotation:

- Yes No The information and /or assumptions detailed in the quotation are correct and have not altered
- Yes No The information and /or assumptions detailed in the quotation are incorrect, revised details are attached

Members Based Overseas:

All members who are currently based overseas for a period in excess of 12 months. Please note that members may join the Policy only if they remain eligible for membership of the Policy and they have a UK contract of employment:

- Yes No The information and /or assumptions detailed in the quotation are correct and have not altered
- Yes No The information and /or assumptions detailed in the quotation are incorrect, revised details are attached

Quotation:

All other terms and assumptions detailed within the quotation:

- Yes No The information and /or assumptions detailed in the quotation are correct and have not altered
- Yes No The information and /or assumptions detailed in the quotation are incorrect, revised details are attached



Further Information:

(please use an additional signed and dated sheet if required)

If you would like to receive periodical communications based on your preferences below, please provide us with your details:

Email:

Preferences:

• **Monthly UK employment law newsletter**

a roundup of Employment case law, Tribunal judgements, green and white papers, etc.

Yes

No

• **General UK updates** regarding our policies and free services including claims management, EAP's, Bereavement Counselling and Best Doctors

Yes

No

• **Invites** to networking and training events

Yes

No

• **GEB News**

a quarterly newsletter providing insight into different territories and the Generali Employee Benefits Network

Yes

No

• **General International updates** on Generali products including expatriate benefit solutions

Yes

No

How we use your personal information

We will keep the personal information that you supply to us confidential and will only use it in accordance with the preferences you have indicated above.

We may share your personal information with other companies in the Generali Group and third parties who are involved in the provision of the information or services you have requested.

If we transfer any of your personal information to any country outside the European Economic Area we will ensure that it is given the same level of protection as if we were dealing with it.

If you require any further information please contact:

The Data Protection Officer, Assicurazioni Generali S.p.A., 100 Leman Street, London E1 8AJ, UK

DECLARATION

We declare that the information given in this application and any other written statements to the Company are, to the best of our knowledge and belief true, and that no material fact has been withheld.

**When you are ready to submit this document please print it, sign it and return it to Generali by 2pm on the working day prior to the proposed commencement date.
You can email this form to groupquotes@generalico.uk – send by fax to +44 (0) 207 265 6102
- or send by post to: Group Underwriting Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

SIGNATURE:

DATE:

NAME:

CAPACITY:

Assicurazioni Generali S.p.A. UK Branch 100 Leman Street London E1 8AJ

Company incorporated in Trieste in 1831 - Share capital €1,556,873,283 fully paid-up - Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy
Italian tax identification and companies registry number 00079760328 - Authorised by Istituto per la Vigilanza sulle Assicurazioni (IVASS)
Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003
Parent company of Generali Group and entered in the IVASS Register of insurance groups under no. 026
UK company registration no. BR1185

