

Excepted Life Assurance

Application for Excepted Life Assurance Policy

This form may only be completed by an individual authorised to act for and on behalf of the Trustees of the Supplementary Life Assurance Scheme.

Important Note:

- 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 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.
- One application form is required for each Excepted Life Assurance Policy.

Employer Details:

Principal employer's full registered name:

Participating employer(s) full registered name(s):

For anti-money laundering purposes please confirm:

The name(s) and address(es) of the entity or entities who will be paying the premium:

The details of the account(s) from which the premium will be paid:

The method of payment that will be used e.g. electronic transfer:

Scheme Details:

Scheme Name (if this is a continuation of an existing scheme please give the name shown in the scheme documentation):

Policy Details:

Risk Commencement Date:

Policy Annual Revision Date:

Quotation Reference Number:

Premium Frequency:

Annual
 Half-yearly
 Quarterly
 Monthly



Policy Specifics:

Eligibility Conditions:

Membership:

Eligibility is linked to pension scheme membership: Yes No

If eligibility is linked to pension scheme membership please provide details of pension scheme eligibility conditions:

Minimum age attained on entry: Lump sum benefits Maximum age attained on entry: Lump sum benefits Minimum service requirement: Lump sum benefits Entry to the scheme: Immediate entry
 Entry at the following annual revision date

Termination Age:

Termination Age Date: On the Member's birthday
 On the 1st of the month following the Member's birthday**Benefit Basis:**

Lump Sum Benefit Basis:

Definition of Salary for Lump Sum Benefits:

Temporary Absence Conditions:

Is cover during Early Retirement Required? Yes NoIs cover during Late Retirement Required? Yes NoIs cover during Redundancy Required? Yes No

Further Information:

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

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For emergency direct contact with client's Human Resources Department:

Employer's Email:

Please send me periodical communications based on my preferences below:

- **Monthly UK employment law newsletter**
a roundup of Employment case law, Tribunal judgements, green and white papers, etc.

Yes No
- **General 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
- **International updates** on Generali products including Expatriate benefit solutions

Yes No
- **Corporate & Commercial Lines:** Property, Casualty, Aviation, Engineering, Marine and Loss Prevention

Yes No
- Please do **not** add me to any mailing lists

Yes

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 Leaman Street, London E1 8AJ, UK



Declaration:

We hereby apply to Assicurazioni Generali S.p.A. United Kingdom Branch (the Company) to issue a Group Life Assurance Policy for Registered Death in Service Benefits in the names of the Trustees for the time being of the Scheme.

We declare that the information given in this proposal 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.

We understand that the Data Protection Act 1998 (the Act) will apply to any personal data supplied by us concerning our employees, their spouses or dependants, etc for whom benefits may be provided under this insurance.

We confirm that we have obtained the necessary consents to the processing of any personal data provided by us for the operation of this insurance, which may include the processes of administration, claims assessment, management and review, compliance, customer concern handling, the

prevention and detection of fraud/attempted fraud, occupational health, rehabilitation and underwriting.

We understand that the personal data may be shared with the Trustees, the employer, other insurers, re-insurers, insurance intermediaries, professional advisers and other service providers who are involved in either the operation of insurance which covers the employees or the employee benefits arrangements provided by the Company.

We confirm that the employees' contracts of employment cover the use of personal data for the purposes of arranging and administering insurance policies.

We understand that any personal data will be processed fairly and securely in accordance with the Act.

We confirm that the policy has been written under a discretionary trust.

If the existing Scheme has individual Trustees the application should be signed by all the Trustees. If the Scheme Trustee is a corporate entity other than the principal employer please give full details in the further information section.

Signed for and on behalf of the Scheme Trustee(s):

Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:

**When you are ready to submit this document please print it, sign it and return it to Generali.
 You can email this form to ebclientservices@generali.co.uk - send by fax to +44 (0) 207 265 6102
 - or send by post to: EB Client Services Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

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

