

Flexible Quotation Request Form

Important Note:

- Please complete this form carefully and as fully as possible as this will help us to provide terms within your deadline.
- Please remember that any omission or mis-statement of a material fact could invalidate the quotation provided.
- Any additional information should be completed at the end of the form in the section provided or on an additional sheet if required.
- Please complete all boxes in block capitals or indicate where requested.
- If the request is not for a Flexible Benefits Quotation please refer to our Standard Quotation Request Form.

Your Details:

Contact Name:

Contact Email Address:

Company Name:

Company Address:

Telephone Number:

Fax Number:

General Information:

Client Name:

Nature Of Business:

Quotation Deadline:

Products Required: Group Life and/or Death In Service Pension
 Group Income Protection

Commission Level: Group Life and/or Death In Service Pension
(please detail the percentage rate required) Group Income Protection

Premium Frequency: *(please detail A (annual), H (half-yearly), M (monthly), Q (quarterly))*
 Group Life and/or Death In Service Pension
 Group Income Protection



Group Life Assurance

Policy Specifics:

Eligibility Conditions:

Lump Sum Benefit Basis (please detail core benefits, tranches of cover and maximum levels of benefit):

Death In Service Pension Benefit Basis (please detail core benefits, tranches of cover and maximum levels of benefit):

Pension Benefits are payable to: Spouse Dependants

Do benefits continue to orphans? Yes No

Are additional childrens pensions required? Yes No

If yes please give details of the benefits required:

Escalation Rate:

Are salaries to be restricted to the 'notional' Earnings Cap as defined by Her Majesty's Revenue and Customs?

- Lump sum Yes No

- Pension Yes No

If restricted, is a quotation required for the excess? Yes No

Are lump sum benefits to be restricted to a Lifetime Allowance?

Yes No

If restricted, is a quotation required for the excess? Yes No

Are these benefits in excess of the 'notional' Earnings Cap or Lifetime Allowance currently insured?

Yes No



Policy Specifics (cont.):

Termination Age:

Definition of Salary:

Current Temporary Absence Conditions:

Is cover during Early Retirement Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is cover during Late Retirement Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is cover during Redundancy Required?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Is the plan currently insured?		
- Lump sum	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Pension	<input type="checkbox"/> Yes	<input type="checkbox"/> No
- Top Up	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If "Yes" please advise the following:

Current Insurer(s)

Current Rate Guarantee Expiry Date

Current Free Cover Limit

Event Limit

Take Up Rate

Policy History:

Please complete the following table for the last 5 years:

Policy Year	Lump Sum Benefits		Pension Benefits	
	Total Number of Lives	Total Sum Assured	Total Number of Lives	Total Annual Benefit



Claims Experience:

Please complete the following table for the last 5 years:

Policy Year	Lump Sum Benefits		Pension Benefits	
	Total Number of Claims	Total Sum Assured Paid	Total Number of Claims	Total Annual Benefit

Medical Underwriting:

Please complete the following table in respect of any members who have been medically underwritten under the policy:

Name	Date of birth	Gender	Total Sum Assured	Sum Assured Underwritten	Acceptance Terms

Long Term Absentees:

Please complete the following table in respect of any members who are currently long term sick:

Name	Date of birth	Gender	Date first absent	Reason for absence



Group Income Protection

Policy Specifics:

Eligibility Conditions:

Basic Benefit (please detail core benefits, tranches of cover and maximum levels of benefit):

Are Employer Pension Fund Contributions required? Yes No

If "Yes" please specify the percentage rate:

Are Employee Pension Fund Contributions required? Yes No

If "Yes" please specify the percentage rate:

Are Employer National Insurance Contributions required? Yes No

If "Yes" please specify the basis:

Contracted In

Contracted Out Defined Benefit

Contracted Out Defined Contribution

Deferred Period:

13 weeks

26 weeks

28 weeks

52 weeks

Escalation Rate:

If the Payment Period of claims is limited please specify:

2 years

3 years

4 years

5 years

Capital Sum:

Termination Age:

Definition of Salary:



Policy Specifics (cont.):

Definition of Pensionable Salary if different:

Definition of Incapacity:

Is the plan currently insured? Yes No

If "Yes" please advise the following:

Current Insurer: Current Rate Guarantee Expiry Date:
 Current Free Cover Limit: Take Up Rate:

Policy History:

Please complete the following table for the last 5 years:

Policy Year	Total Number of lives	Total Salary Roll or Benefit
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Claims Experience:

Please complete the following table for all claims submitted in the last 5 years:

Name	Date of birth	Gender (M/F)	Claim Commencement Date	Initial Annual Claim	Date Claim Ceased	Disability	Comment
<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



Medical Underwriting:

Please complete the following table in respect of any members who have been medically underwritten under the policy:

Name	Date of birth	Gender (M/F)	Benefit	Acceptance Terms

Data Requirements:

The following information should be provided in a clear format (preferably on an Excel spreadsheet).

If there are differing levels of benefit then this should be clearly identified on the data.

Names (optional), dates of birth, gender, salary or sum assured, pension benefit (if required), occupations and locations.

If individual occupations are not available please advise us of the percentages using the format below:

Description	Percentage of Workforce
Professional, Executives or Managerial	%
Supervisory or Clerical	%
Skilled or Sales	%
Semi Skilled less than 50% manual	%
Semi Skilled more than 50% manual	%
Manual	%

If individual location information is not available then please advise us of the percentages using the format below:

Location	Postcode	Number of Lives	Total Salary Roll or Sum Assured

Please note for Group Life schemes we will require full disclosure of the number of lives and total salary roll/sum assured per postcode prior to assuming risk.



Additional Information Required for Flexible Benefits:

Please detail how the benefits are funded.

Employees have a percentage of salary to spend on flexible benefit choices.
 Premiums are paid for by the employer and deducted from the employee via PAYE.

Yes No

Employees have a finite 'pot' of credits that can be spent on flexible benefit choices.
 Premiums are paid for by the employer and credits are deducted from the employee's 'pot'.

Yes No

Other, please give details:

Please complete the following lifestyle matrix:

Lifestyle Event	Product (Group Life/GIP)	Increase allowable		Decrease allowable	
Annual revision/ renewal date		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marriage		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Divorce or Separation		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth/adoption of a child		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death of a dependant		<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Should other lifestyle events be required please provide details in the same format as above:

How many times in a policy year can a member effect a change due to a lifestyle event (inclusive of the annual revision/renewal date)?

What time limit is there in respect of a member communicating a lifestyle event change in benefit to the policyholder?

What actively at work conditions or evidence of health conditions apply to when a member effects an increase in their level of cover?



Additional Information Required for Flexible Benefits (cont.):

How is the scheme currently administered in relation to the statement of accounts and invoicing?

What format are the current scheme rates i.e. Core Benefits are Unit rated and Flexible benefits are age banded unisex rates?

What other benefits are also provided within the flexible benefits package?

- Group Life
- Travel Insurance
- Healthcare Vouchers
- Partner Life Assurance
- Personal Accident
- Leisure Retail Vouchers
- Group Income Protection
- Company Car
- Group Critical Illness
- Private Medical Insurance
- Partner Critical Illness
- Dental Insurance
- Cycle to Work
- Childcare Vouchers
- Mobile Phone



Further Information:

Should there be any further information that is relevant to this risk please complete in the space provided below:

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.
You can email this form to groupquotes@generali.co.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

