

## Group Life Assurance Scheme Application Form

### Instructions for use

To ensure that underwriters have enough time to consider placing the scheme, please send a copy of this form thirty days before the expiry date of any existing policy together with any relevant 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 & FCA 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

Principal 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

## Group Pension Scheme Application Form

### 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 now 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 changes 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 THAN 90%, WE WILL ASSUME THAT THE SCHEME IS A DISCRETIONARY SCHEME. PLEASE CONTACT LUTINE AS WE DO NOT WRITE DISCRETIONARY SCHEMES 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

## Group Life Assurance Scheme Application Form

### 3 – Scheme Details (continued)

Please confirm age at which scheme cover ceases. If maximum age and /or Cover Cease Age (CCA) 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 Equity 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 of any lives who are not full time workers or do not work all their hours in the normal company's offices. Please indicate whether or not this is for medical reasons.

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**

## Group Life Assurance Scheme Application Form

### 4 – Claims Experience

Have there been any claims in the last 5 years? **Yes** **No**

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?

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☐

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, USA and the Vatican City

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☐

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
				£			
				£			
				£			

## Group Life Assurance Scheme Application Form

### 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/decrease by more than 25% OR
4. A change in the basis for calculating the Scheme Benefits

### 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?  
(If Yes, please complete the Master Trust Participation Form)

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 10 days off work in the last 6 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 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.

## Group Life Assurance Scheme Application Form

### 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 10 or more days on account of an injury, illness or disablement in the last 6 months, or on the last working day prior to the intended commencement date of Group Life with Lutine Assurance Services:

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

Furthermore, All Employees who fulfil the Active-at-Work(AAW) Condition were 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 Members 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 6 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 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.

We reserve the right to amend/ withdraw our 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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# Group Life Assurance Scheme Application Form

## 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 terms and conditions may vary, upon receiving the AAW information. A revised quotation will be issued where necessary.

## 11 – Data Protection

### ***Who we are***

We are the Cover holders for the Lloyd's Underwriter(s) identified in the contract of insurance and/or in the certificate of insurance.

### ***The basics***

We collect and use relevant information about you to provide you with your insurance cover or the insurance cover that benefits you and to meet our legal obligations.

This information includes details such as your name, address and contact details and any other information that we collect about you in connection with the insurance cover from which you benefit. This information may include more sensitive details such as information about your health and any criminal conviction you may have.

In certain circumstances, we may need your consent to process certain categories of information about you (including sensitive details such as information about your health and any criminal convictions you may have). Where we need your consent, we will ask you for it separately. You do not have to give your consent and you may withdraw your consent at any time. However, if you do not give your consent, or you withdraw your consent, this may affect our ability to provide the insurance cover from which you benefit and may prevent us from providing cover for you or handling your claims.

The way insurance works means that your information may be shared with, and used by, a number of third parties in the insurance sector for example, insurers, agents or brokers, reinsurers, loss adjusters, sub-contractors, regulators, law enforcement agencies, fraud and crime prevention and detection agencies and compulsory insurance databases. We will only disclose your personal information in connection with the insurance cover that we provide and to the extent required or permitted by law.

### ***Other people's details you provide to us***

Where you provide us or your agent or broker with details about other people, you must provide this notice to them

### ***Want more details***

For more information about how we use your personal information please see our full privacy notice, which is available online on our website or in other formats on request.

### ***Contacting us and your rights***

You have rights in relation to the information we hold about you, including the right to access your information. If you wish to exercise your rights, discuss how we use your information or request or request a copy of our full privacy notice, please contact us, or the agent or broker that arranged your insurance who will provide you with our contact details: The Data Protection Officer, URIS Group Limited Premier House, Carolina Court, Doncaster, DN4 5RA or email [DataProtection@urisgroup.co.uk](mailto:DataProtection@urisgroup.co.uk)

## Group Life Assurance Scheme Application Form

### 12 - Declaration

We hereby declare that we are aware that these details may or may not be checked with a third party and therefore we must take reasonable care not to make any misrepresentations when completing this proposal and answering the questions on this form. To the best of my knowledge and belief the foregoing statements are true and complete. We understand that should any information contained in the foregoing statements change prior to the commencement date, then we must inform the Underwriters. We understand that such changes in information may affect acceptance of this proposal. It is also understood that Underwriting may share information with other Lloyds Life Insurers and/or Reinsurance companies that are insuring a proportion of this risk.

We consent to Lutine Assurance seeking information from any insurance company to which a proposal for group life assurance has been made and authorise the giving of such information.

#### Declaration

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

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

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

## 13 – 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?<br>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 they been sent to Lutine?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |