Discretionary entrant application for cover

Alternative Formats

If you would like this translated or have a copy in an alternative format such as large print, braille or audio, please email us at group.protection@landg.com or call us on 0345 026 0094. Lines are open from 9am to 5pm, Monday to Friday. We may record and monitor calls. Call charges will vary.

Part 1 of this form is completed by the employer, and Part 2 of the form needs to be signed and completed by the person cover is requested for.

Part 1. To be read and completed by the employer

Please complete in BLOCK CAPITALS

Our policy terms confirm the eligibility conditions for cover that we've agreed to, and when cover automatically starts once a person meets them. If the eligibility conditions require a person to join your pension, cover is conditional upon them joining when they're first able to.

Please check our policy terms if you wish to include a person before they are first eligible (an early entrant), or if they've joined your pension scheme after they were first able to (a late entrant).

You, and the person you wish to cover, need to complete this application if:

- the person is an early entrant, and our policy terms ask for this application
- the person is a late entrant, and our policy terms ask for this application
- a quote that you've accepted asks for this application before we consider the person's cover
- we have advised that this form is required to include an individual who is outside of the eligibility of the policy.

If the person's cover is above the free limit, we'll need information about their health and pastimes before we can consider all the cover for them. To obtain the information needed, they'll need to complete and return our online Medical Declaration form. They can complete the form using the link here or we can send them the form by email using the details they provide in Section C.

If you're requesting Critical Illness Cover, please make sure you've shared details of the pre-existing and related conditions exclusions with the person you wish to cover.

Scheme name

L&G Group Protection policy no(s).

Details of the person you wish to cover

Where the information being given for question 1.5 is not the same for all policy types, separate entries are required.

1.1 What is their full name?

Surname

Full first name(s)

Mr/Mrs/Miss/Ms/Mx/Other

1.2 Date of birth? (DD/MM/YYYY)

1.3 What is your current personal status? (e.g. single, married, registered civil partner, divorced, widowed)

1.4 Occupation (please describe fully)

1.5 Scheme earnings (if applicable)

Membership category (where policy has more than one)

1.6 Please tick against the required benefit type and state the benefit formula.

- ☐ Life Assurance
- ☐ Dependants' Pension
- ☐ Group Income Protection
- ☐ Group Critical Illness Cover
- ☐ Ill Health Early Retirement Benefit

1.7 Please tell us the reason for discretionary entry, e.g. early and late entrant (see policy terms).

If we can provide cover, we'll confirm our acceptance terms in writing. We will not provide any cover before we've completed our assessment and sent our written acceptance.

1.8 When do wish cover to start?

- ☐ As soon as possible
- ☐ From (DD/MM/YYYY) ☐☐☐☐☐☐☐☐ or if later, the day L&G confirms its acceptance terms in writing

Part 2. To be read and completed by the person cover is requested for

We need to know a few details about your health before we can consider covering the benefits your employer has asked us to insure under its L&G Group Protection policy. We'll only ask for information we need for the cover being requested.

This form will indicate which sections you need to fill in and sign as you go through. This will depend on the answers you give in Section A and the type of benefits your employer has asked us to cover in Part 1.

A. Your health details – You must complete all these questions.

B. Critical illness cover – You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.

C. Contact details – You only need to complete this section if you've answered **Yes** to any of Section A. We may need more information before we can consider cover.

D. Next steps and Declaration – You must read and sign this section before we're able to consider cover.

E. Sending in your application – Details of where to send your completed form.

Please give full and accurate answers to the questions on this form. If you don't, we might not pay benefit if there's a claim.

We take client confidentiality very seriously and follow strict guidelines regarding the medical information provided on this form and any additional medical reports we obtain. We have a confidentiality policy in place and all medical information is held securely. Access is limited to authorised individuals who need to see it. This means that you have the right to send this form in a sealed envelope, directly to the Chief Medical Officer at the address in section F.

We'll only use the information provided by you on this form, subsequent information we may request from you or your GP (general Practitioner) and or any medical practitioner who has treated you, or tests or assessments we may ask you to attend, for the purpose of assessing your employer's request for cover, administering the policy and processing any subsequent claim in line with our **Privacy Policy**.

A. Your health details

Please answer all questions in section A

	Yes	No
1. Have you ever had: • Any form of cancer, heart attack, angina, heart disease (including valvular disease) or stroke?	☐	☐
2. Have you ever been diagnosed as having: • Motor neurone disease, Alzheimer's or Huntington's disease, muscular dystrophy, cirrhosis of the liver, cystic fibrosis,multiple sclerosis, diabetes, HIV/Aids, Hepatitis B or C, dementia, cerebral palsy, Parkinson's, chronic obstructive pulmonary disease, emphysema, bipolar or psychosis (including schizophrenia)?	☐	☐
3. In the last six months have you consulted a doctor or healthcare professional because of: • Raised blood pressure or cholesterol, an irregular or abnormal heart beat, chest pain, dizziness, loss of consciousness or shortness of breath, a blood disorder, alcohol-related illness, digestive-related symptoms, kidney or bladder disorders (isolated urinary tract infections can be ignored), anxiety, stress or depression?	☐	☐
4. In the last four weeks have you had any of the following signs or symptoms of illness for which you have consulted a doctor or have an appointment to see a doctor for: • Fatigue that has restricted normal activity for over 10 days not known to be caused by a minor condition such as flu?	☐	☐
• Numbness or dizziness lasting more than a day not known to be caused by a minor injury or a minor condition such as an ear infection?	☐	☐
• A new mole or other growth on the skin or an existing one that has become itchy or painful or has changed its shape, size or colour?	☐	☐
5. Apart from anything you've already told us about, during the last 2 years have you been referred to or attended hospital or admitted overnight? (Please ignore investigations related to pregnancy or infertility where the results have been confirmed as normal.)	☐	☐

If you've answered '**Yes**' to any of the five questions, please give us full details including dates, diagnosis, description of symptoms, your treatment and investigation results where possible.

If you answered No to all the health questions in Part A, you can ignore Part B if your employer has not requested group critical illness cover in Part 1 question 1.6. Complete Part D and read Part E to find out how to send in your application.

B. Critical Illness cover

You only need to complete this section if your employer has requested group critical illness cover in Part 1 question 1.6.

The questions below ask about any children you may have. When answering these questions, please consider all unmarried children aged less than 21 who are either:

- your own,
- you have legally adopted, or
- are your stepchildren through your marriage or registered civil partnership and financially dependent upon you.

Your employer will confirm if your spouse or registered civil partner is also covered under its L&G Group Critical Illness cover policy.

	Yes	No
1. Are any of your children, or your spouse or registered civil partner (if they're eligible for cover), in a poor state of health and intend to see a doctor about any health, medical or psychiatric condition in the foreseeable future?	☐	☐
2. Are you aware or do you suspect that any of your children, your spouse or registered civil partner (if they're eligible for cover), are suffering from any condition that might lead to a claim under the Group Critical Illness cover policy?	☐	☐

If you have answered '**Yes**' to either of the above two questions, please say why below.

Date of birth of spouse or registered civil partner (if they're eligible for cover)

(DD/MM/YYYY) ☐☐ ☐☐ ☐☐☐☐

C. Contact details

We may need a few extra details before we can consider cover because you've answered 'Yes' to a health question in Part A. If we do, we'll normally email you our online Medical Declaration form which asks about your medical history, lifestyle, travel, occupation and hazardous pursuits. This simple approach often means we can quickly confirm an underwriting decision without needing further information and medical reports.

Your contact details

Only provide your contact details if you answered 'Yes' to any of the health quesions in Part A, or if your employer advises that the cover being applied for, means we require further details from you.

Email address			
Telephone number	Mobile		Tick preferred number
	Home		
	Work		

D. Next steps and Declaration

Next steps

We normally provide confirmation of the insurance cover under your employer's policy once we receive the completed form. Occasionally, the details you've provided need further assessment where we may also need to contact your General Practitioner (GP) or another medical practitioner for further details. We'll then confirm to your employer if:

- we can provide the insurance cover being applied for,
- due to your personal circumstances we may only pay a claim in certain instances, or
- we're unable to provide the insurance cover being requested.

In the second and third instances above, we'll let you know the reasons why.

Protecting your personal information is extremely important to L&G. Our Privacy Policy tells you how we collect and process your personal information. Please take a few minutes to read it.

https://www.legalandgeneral.com/privacy-policy/

Declaration

The insurance cover arranged by my employer is governed by English Law.

I agree and accept that:

- The information I provide will be complete, truthful, and accurate.
- For the purposes of assessing this application and any subsequent claim, L&G will use the information in this form and any other they receive from medical professionals I am or have consulted.
- If any information I provide is not complete or accurate, L&G may not pay a claim.
- I will immediately inform L&G if there are any changes to my answers before my cover is accepted.
- L&G may ask me to attend a medical examination to help them assess the requested insurance cover. In these instances, L&G will share my personal health information with another company that they have authorised to act on their behalf to carry out the medical examination. L&G may also share my personal health information, including the outcomes of these medical examinations with my own doctor.
- L&G will communicate the terms for providing cover to my employer as the policyholder, or through their agent. Such communications may include terms that relate to my health and wellbeing.
- The details that I provide L&G may be shared with fraud prevention agencies who will use it to prevent fraud and money-laundering as well as to verify my identity. If fraud is detected, I could be refused certain services, finance, or employment. Further details of how my information will be used by L&G and these fraud prevention agencies, and my data protection rights, can be found by accessing www.cifas.org.uk/fpn.

- I authorise my employer, where necessary, to deduct the appropriate premium from my salary/wages and to forward this to L&G until instructed otherwise in writing by me. I understand that any change to the premium charged for this cover will be communicated to me by my employer with appropriate notice.

D. Next steps and Declaration (continued)

By signing and submitting this form, I consent to L&G processing in line with their privacy policy, my lifestyle and health information that I provide, so they can:

- **assess the request for cover under my employer's policy,**
- **administer my employer's policy, and**
- **process any claims under my employer's policy.**

I also consent to L&G sharing this information, when necessary, with the Reassurers referenced in the Privacy Policy.

Full name:

Signature:

Date:

Please keep a copy of this form for your own information.

E. Sending in your application

If you've answered **Yes** to any of the health questions in Part A, please send this form via email to: **groupprotection.medicalunderwriting@landg.com** or via post to: Group Protection – Medical Underwriting Team, Legal & General Assurance Society Limited, Four Central Square, Cardiff, CF10 1FS.

Please make sure your HR department is aware you have completed the form and responded to us direct.

If you've answered **No** to all the questions in Part A, please send this form to your HR department.

Contact us

0345 026 0094
We may record and monitor calls. Call charges will vary.

groupprotection.medicalunderwriting@landg.com
legalandgeneral.com/adviser/workplace-benefits/group-protection/

Group Protection – Medical Underwriting Team,
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