Declaration – switch terms

Scheme name: Policy number/Quote number:

We'll normally provide cover for members who have undergone medical underwriting with a previous insurer subject to the terms found in the technical guide. As part of these 'switch terms' you'll usually need to either provide us with a copy of the last acceptance letter sent by a previous insurer, or confirm the terms by filling in this declaration. This applies to members accepted on both standard and non-standard terms.

We may not pay a claim if information in this declaration is incomplete or wrong. If you complete this declaration, you must have seen written evidence from the previous insurer of the acceptance terms.

We'll need to medically underwrite any members who do not meet the switch terms confirmed in our quote and technical guide. To start this process we'll need them to fill in a **Medical Declaration form**.

Make sure you have a legal basis or consent to share this information.
Our privacy policy explains to members how we use the information we collect, it's available online **www.legalandgeneral.com/privacy-policy/**

Full name of member	Date of birth	Gender	Date last underwritten	Please state if forward underwriting or ONEderwriting (or equivalent) applies?	Level of benefit underwritten	Member's total benefit	Terms and exclusions applied
EXAMPLE – A N OTHER	01/01/1960	FEMALE	01/04/2008	FWD/ONE	£100,000	£120,000	£80,000 ORDINARY RATES +50% LOADING ABOVE £80,000

Please continue over the page.

Group protection

Full name of member	Date of birth	Gender	Date last underwritten	Please state if forward underwriting or ONEderwriting (or equivalent) applies?	Level of benefit underwritten	Member's total benefit	Terms and exclusions applied

If a member in the table meets our switch terms for medically underwritten employees, we are normally able to accept cover from when:

- you have filled in this declaration to our satisfaction; and
- we have received the completed declaration;

or, the start date of the policy if this is later.

Declaration

I declare the information provided to be complete and correct.

Signature

Print name

Name of company/firm

Position in company/firm

Date (DD/MM/YYYY)

Contact us

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

group.protection@landg.com
https://group-protection.legalandgeneral.com/employer/

Group Protection, Legal & General Assurance Society Limited
Four Central Square, Cardiff, CF10 1FS

Legal & General Assurance Society Limited
Registered in England and Wales No. 00166055.
Registered office: One Coleman Street, London EC2R 5AA

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Q0017517 07/26 NON GASD