Quotation request

Guidance notes for completion of this form

Please complete the appropriate sections fully to help us provide you with a quote as quickly as possible.

If you have any further questions about the form, please contact us. Our relevant contact details are noted at the end of this form on page 6.

If, in any section of the form, there is insufficient space to provide all the relevant information, please continue on an additional sheet and attach it to the quotation request.

Please bear in mind data protection: we do not require employees' names in order to produce a quotation.

This form uses technical and defined terms. You can find explanations for these in the relevant product technical guide glossary. You can find each of our technical guides and other useful material relating to our products and services in our literature library. Our literature library can be found here.

1. General information

1.1 Employer's name

1.2 Employer's industry

1.3 Type of scheme you wish us to quote for.

Self-insurance is where you (employer) pay for the cost to provide the cover as well as any subsequent claims. The alternative to this is insurance where an insurance company receives a premium from you and they pay the benefit when there's an eligible claim.

If 'Insured', please provide the name of the current insurer(s).

If more than one, please specify which scheme is with which insurer.

1.4 Date from which cover required (DDMMYYYY)

1.5 Annual renewal date (DDMM)

The renewal date can be different from the date you want cover to start.

1.6 Premium frequency

monthly and quarterly premiums are approximately 2% higher than yearly premiums

Life Assurance (LAB):	Insured		Self-insured		No current scheme		
Dependants' Pension (DOPS)	Insured		Self-insured		No current scheme		
Group Income Protection (GIP)	Insured		Self-insured		No current scheme		
Critical Illness Cover (CIC)	Insured		Self-insured		No current scheme		

Monthly ☐ Yearly ☐ Quarterly ☐

1.7 Benefit termination date

the age cover will end, for example: State Pension age or age 70

LAB: | GIP:

DOPS: | CIC:

1.8 Eligibility definition

It's important we know which members are in which category. We must therefore agree the eligibility conditions for each category at the start of the policy. Examples of a category eligibility could be 'all directors' or 'all employees'. Please refer to the Eligibility Information Sheet for assistance.

1.9 Amount of cover for benefit

i.e. multiple/percentage of Scheme earnings or flat benefit. You can group employees into separate categories and have different amountsof benefit for different categories. Please specify if benefit varies for different categories of employees. For DOPS/GIP/CIC further details will be required. Please state the amount of cover for CIC benefit. The relevant information is requested in a later section of this form

1.10 Definition of Scheme earnings

Examples of Scheme earnings definitions are 'basic salary', total earnings over the last 12 months and 'basic salary plus bonuses averaged over the preceding three years'. If the definitions differ between schemes, please provide further details. Please refer to the Scheme Earnings Information Sheet for assistance.

1.11 New entrants join

Explained in section 1.2 of the technical guide. Renewal data will only be required annually.

Daily ☐ Yearly ☐ Quarterly ☐ Closed to new entrants ☐

Do you require a qualifying service period,

Yes ☐ No ☐

if yes, how long

1.12 Benefit changes take effect

Explained in section 1.4 of the technical guide. Renewal data will only be required annually.

Daily ☐ Yearly ☐ Fixed benefit ☐

1.13 Effective date of membership data (DDMMYYYY)

☐☐☐☐☐☐☐☐

1.14 Are any employees subject to previous medical underwriting terms?

Yes ☐ No ☐ N/A ☐

1.15 Do any employees have their cover restricted below the full benefit allowed?

Yes ☐ No ☐ N/A ☐

If the answer to question 1.14 or 1.15 is 'Yes', please provide details separately. Copies of previous acceptance terms will be required as part of the on risk process.

2. Life Assurance and Dependant's Pension

2.1 Temporary absence provision

One of these must be selected, please refer to technical guide section 1.3.

Until benefit termination date for illness or injury, 3 years for any other reason ☐

3 years for illness or injury, 1 year for any other reason ☐

2.2 Are any employees currently suffering from:

- A terminal illness, or any other serious illness (such as cancer)

Yes ☐ No ☐ Don't know ☐

- Any illness or injury that has prevented them working their full hours or duties currently and for at least three months?

Yes ☐ No ☐ Don't know ☐

If 'Yes', please give an identifier, date first absent and reason for absence

We don't need to know about maternity, paternity or shared parental leave.

2.3 Do you require a maximum limitation to apply to the scheme earnings and/or the level of benefit?

If 'Yes', please ensure the restriction has been applied to the data provided.

Yes ☐ No ☐

2.4 Amount of cover for DOPS benefits

Please specify if benefit varies for different categories of eligible employees

☐ % of scheme earnings

☐ % of employee's prospective pension

☐ % of employee's accrued pension

Dependants' pension:

Pension accrual rate (for example 60ths): ☐

Payable to: **Please tick**

Spouse or registered civil partner ☐

Spouse, registered civil partner or financial dependant ☐

Extension of continuing payment to children? Yes ☐ No ☐

Is this extension only for those in full-time education or vocational training only? Yes ☐ No ☐

To which age? (please tick) 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐

Additional children's pension:

☐ % of spouse's/registered civil partner's ☐ Financial dependants' pension

(Payment will cease at same time as continuing pension)

Pension increase rate(s):

You can choose to help protect against the value of the Dependants' Pension benefits payments reducing over time due to the impact of inflation

☐ %:

(If the pension increase rate varies for different portions of the dependants' pension, the benefit amount given in the data for each employee should be split according to the rates applicable)

3. Group Income Protection

3.1 Basis for employee benefit

Please specify if any scheme earnings deductions are required for state benefits.

Benefit increase rate (employee's benefit)

Do you want to help protect the amount of benefit being paid from the effect of inflation. Please see technical guide for further information.

% yearly compound or limit increase to the retail price index Yes ☐ No ☐

3.2 Deferred period (weeks)

13 ☐ 26 ☐ 28 ☐ 52 ☐ 104 ☐

3.3 Additional cover for pension and/or employer's National Insurance (NI) contributions

Pension contributions (employer and employee):

Employer: ☐ % of Scheme/pensionable earnings

Employee: ☐ % of Scheme/pensionable earnings

Employer's NI contributions: Yes ☐ No ☐

Benefit increase rate (additional)

☐ % yearly compound or limit increase to the retail price index Yes ☐ No ☐

3.4 Definition of incapacity required?

Please refer to the incapacity definitions in the technical guide.

Own ☐ Suited ☐ Activities of daily working ☐ Progressive ☐

3.5 Limited term benefit?

Yes ☐ No ☐ If so, how many years? ☐ 2 yrs ☐ 3 yrs ☐ 4 yrs or ☐ 5 yrs

3.6 Is a lump sum option required at the end of a limited term?

Yes ☐ No ☐ If so, detail benefit required £ ☐

4. Group Critical Illness Cover

4.1 Type of cover required

Core only ☐

Core and additional, including total and permanent disability before age SPA (any occupation) ☐

Core and additional, including total and permanent disability before age SPA (own occupation) ☐

Core and additional, excluding cover for Total And Permanent Disability and Terminal Illness. ☐

4.2 Is spouse/registered civil partner also to be covered?

Yes ☐ No ☐

If 'Yes', basis for spouse's/registered civil partner's benefit

5. Claims experience/Scheme history

5.1 If the scheme is currently insured or self-insured, please supply the following information for each of the last five years (or the insured period, if less):

Life Assurance Benefit

Policy year commencing	No. of employees	Total benefit insured	No. of claims	Total benefits claimed

Dependants' Pension

Policy year commencing	No. of employees	Total benefit insured	No. of claims	Total benefits claimed

Group Income Protection

Policy year commencing	No. of employees	Total scheme earnings

In addition, please supply a list of claims commencing during the last five years (or the insured period, if less) showing:

sex, date of birth, date claim commenced, date claim ceased, initial benefit per annum, and cause of incapacity.

Critical Illness Cover

Policy year commencing	No. of employees	Total scheme earnings

In addition, please supply a list of claims paid during the last five years (or the insured period, if less) showing:

sex, date of birth, amount of benefit, and cause of claim.

Changes to scheme basis during the last five years?

Please provide details of any changes, for example changes to the amount of cover or who is covered

6. Important information

What we need to provide your quote

- The employer's name is required in order to guarantee the quotation.
- Please state the nature of the principal employer's business and that of any other participating employers.
- To assess the risk, details of the employees' work location(s) and occupations are needed. If any employees are working abroad, please give details of the location(s) and the number of employees involved (we do not need home addresses for people who are home based).
- For each product, please define the scheme eligibility conditions and age limits. For example, 'all employees between 16 and state pension age who have completed three months' service'. Where there is more than one membership category in the scheme, please also define the eligibility of each category clearly.
- The effective date of the membership data must be provided to prepare an accurate quotation.

7. How to submit the form with membership data

Once completed, please submit this form along with membership data to us (using the relevant email address at the end of this form).

The membership data should contain:

- sex
- date of birth
- scheme earnings
- membership category
- main work postcodes (locations outside the UK should be highlighted)
- occupations
- date of joining company or pension scheme if required for eligibility.

For Dependants' Pension please include:

- the benefit to be insured split between any different escalations that apply.

Please confirm all employees are normally resident and working within the United Kingdom.

If your employees travel for work, then please confirm if they travel: overseas 12 times or more per year (If they do please indicate who and where they travel to) overseas for 30 days or more in a single year (If they do please indicate who and where they travel to) to offshore locations (UK or overseas).

8. Privacy Notice

We're the sole data controller for the information we hold with respect to the policy, and solely responsible for its security. To arrange and manage the policy, you'll need to send us personal information about employees who are, or become, eligible for cover. This may include medical and health information. You need to satisfy yourself of a legal basis that allows you to send us these details, or consider seeking appropriate consent (explicit consent in the case of medical or health information).

Please share our full Privacy Notice with your employees so they understand what we do with the information we collect. Our full Privacy Notice is available at: **www.legalandgeneral.com/privacy-notice/**

As we are regulated by the Financial Conduct Authority (FCA), we are required, under their rules, to categorise all clients we deal with. As you are acting within your trade or profession when discussing your group protection needs with us, we are categorising you as a Commercial Customer.

What it means to be a Commercial Customer?

The way we work with Commercial Customers is set out within the FCA Rules. Being classified as a Commercial Customer will not affect your rights to raise a complaint to the Financial Ombudsman Service (FOS). The FOS have separate eligibility criteria for making complaints. Further details of the service we offer, and our complaints procedure is confirmed in our terms of business.

Contact us

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

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

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

Legal and General Assurance Society Limited
Registered in England and Wales No. 166055.
Registered office: One Coleman Street, London EC2R 5AA

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