

# GROUP LIFE APPLICATION

Principal employer's full registered name:

Participating employer(s) full registered name(s):

Scheme Name:

Risk commencement date:

Scheme Annual Revision date:

Is this a newly insured scheme or is the scheme currently insured or self insured?

New

Insured

Self Insured

Premium frequency:

Annually

Monthly

**Please note, we can only accept monthly premiums via Direct Debit and providing the monthly premium is in excess of £50.00**

Payment method:

Direct Debit (attached)

Cheque

Electronic transfer

Our bank details are as follows:

Lutine Assurance Services Limited  
Sort Code: 20 00 00  
Account Number: 70600776

## i) Scheme eligibility:

**If there are different categories of employee, please supply clear eligibility definitions for each category.**

**Please tick boxes.**

Is the eligibility 'All employees'? If 'No' please specify below

YES

NO

Lump Sum (LS):

**ii) Entry ages, service requirements and age at which cover ceases**

	Minimum age to join scheme	Maximum age to join scheme	Minimum service requirement	Standard cessation age for cover	Deferred retirement cover cessation age
Lump Sum (LS)					

Do employees join the scheme on the first day they meet the age and service requirements?

If 'no' please specify below.

YES

NO

Lump Sum scheme joining date:

**Please note that employees must be included into this arrangement within 6 months of becoming eligible**

Are new entrants to be included:

At renewal date only

YES

NO

Daily

YES

NO

Are increases in benefit to be:

At renewal date only

YES

NO

Daily

YES

NO

**iii) Benefit Basis**

**Lump sum benefits**

Please enter the benefit basis, for example, 4x salary

**iii) Salary definition**

If the definition is basic salary please tick the relevant box, or complete the box below

Basic annual salary at the date of death

LUMP SUM

Basic annual salary at the annual revision date

LUMP SUM

Other (please specify):

Does a scheme earnings or benefit cap apply?

YES

NO

If YES, please state amount

### Data Protection:

The 1998 Data Protection Act places responsibilities on people and organisations who use personal information. The Act has particular regard to the right of the individual. It includes the right for individuals to have their information protected and imposes special conditions and rights if this information is classified as "sensitive".

"Sensitive personal information" is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences, and trade union membership. Our interest is restricted to the categories of health and sexual life for underwriting purposes.

Any information collected from you by our Underwriters will be carefully protected and any details which could be defined as "sensitive" as above will receive extra protection. We may, however, pass on information to our reassurers, and other individuals or groups, for example, medical practitioners, who may be involved in the processing of this application for assurance.

"Sensitive" information relating to your application for assurance may not be processed without your explicit consent. Should your consent of the processing of sensitive information not be given, it may not be possible to underwrite your application. Therefore would you please indicate your consent to such processing by signing below. All information provided may be retained for up to seven years from the date of your application or when you cease to be a policyholder with us.

## Section C

### Declaration and signatures

We, the trustees of the scheme agree that this proposal and any statements or declarations made by us, or any company or organisation included (if any), or by the members of the scheme to Lutine Assurance Services Limited or Lutine Assurance's medical examiners form the basis of this contract. We confirm that we are able to effect this cover.

By signing this form we are allowing you to process this application using the information we have provided.

Signature: ..... Date: .....

Name: ..... Capacity: .....

Signature: ..... Date: .....

Name: ..... Capacity: .....

### Notes on signing this proposal

This proposal must be signed by;

- If the trustee is a corporate body, the duly authorised official(s) of that body.
- If individual trustees, each of them or those individuals that are authorised to sign for all the trustees.

Please return the completed form by fax 0121 200 1921, email [groupenquiries@lutine.com](mailto:groupenquiries@lutine.com) or post prior to the commencement date, to our office address below:

Lutine Assurance Services Limited  
154 Great Charles Street  
Birmingham  
B3 3HN  
T: 0121 200 1919



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## Instructions to your Bank or Building Society to pay Direct Debits

**Please fill in the whole form and send it to:**

Lutine Assurance Services Limited, 154 Great Charles Street, Birmingham B3 3HN

Service User Number

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1. Name(s) of account holder(s)

2. Branch sort code (from top right hand corner of your cheque)    —    —

3. Name and full postal address of your Bank or Building Society Branch

To: The Manager	
	Bank or Building Society
Address	
	Postcode

4. Bank or Building Society Account number

Lutine Assurance Services Limited Reference Number   
For Head Office Use Only

Instruction to your Bank or Building Society

Please pay Lutine Assurance Services Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Lutine Assurance Services Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)	
	Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

**NO ACKNOWLEDGEMENT REQUIRED**

**This guarantee should be detached and retained by the Payer.**

### The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change, Lutine Assurance Services Limited will notify you of this in advance by at least 10 days as agreed.
- If an error is made by Lutine Assurance Services Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.  
- If you receive a refund you are not entitled to, you must pay it back when Lutine Assurance Services Limited asks you to.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.