

GROUP LIFE ASSURANCE ON RISK DETAILS FORM

Accepted quote reference:

Are there any changes to the basis required e.g. Annual instead of monthly or 20% commission instead of 4%?

In order to place cover with Lutine Assurance Services Limited, please make sure you:

- **Fax, e-mail or send this form to our office by 4.00pm prior to commencement of risk along with;**
- Inception data – Name, D.O.B, Occupation, Salary, Postcode, date of joining company & date of joining scheme, including confirmation of any part time members
- A Term of Business Agreement (if not already completed for Lutine)
- The Group Life application form and premium within 30 days of on risk confirmation, together with the Lutine Lifestyles application form if required

If you do not complete all the required fields, we may not be able to assume risk on the intended day. Please use BLOCK CAPITALS where possible, you may attach a separate sheet showing the requested information

Section A – Intermediary details

Your FSA number:

Section B – Employer details

Principal employer's full name and address including postcode:

Principal employer's full registered name and address including postcode:

Principal employer's Companies House registration number:

Participating employer's full registered name and address for any other employers included:

Participating employer's business/trading address (if different from above):

We require confirmation of the nature of business including details of any hazardous occupations:

Section C – Confirmation of current insurance and claims experience

The scheme is currently insured or has been insured in the last 12 months

YES NO

If 'yes' please complete the rest of this section a) b) c) d) and e) and then proceed to section D

If 'no' please complete f) of this section and then proceed to section D

a) Name of Previous Insurer:

b) Please confirm existing free cover level:

c) Please confirm the Temporary Absence Terms provided under the previous scheme:

d) Please detail any changes to the benefit basis or scheme structure that would have applied had the previous scheme remained in force (if none, write NONE):

Have there been any claims in the last 5 years (if YES please give details below)

YES NO

e) Further claim details:

f) If not previously insured, how many employee deaths have there been in the last 3 years?

Section D – Confirmation of additional requirements

Please refer to our quotation before completing this section. We are unable to assume risk until all additional requirements have been confirmed. Please tick the correct boxes.

	There are no members in this category	Full information has been given to you and this has not altered	There is new information which I have set out separately
● Members who have been absent from work for a period of 3 months or more due to injury or ill health or any current or pending Group Income protection claimants (please confirm name, D.O.B, benefit entitlement, date absence commenced and nature of illness/injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Members who have been restricted, declined, postponed or accepted on non standard terms, including details of any loadings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Members who are resident outside the UK – please confirm their nationality and that they have a UK contract of employment in the space provided on the next page	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
● Members who do not fulfil the Actively at Work conditions *	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* An Actively at Work condition normally applies to previously uninsured schemes.

The requirements for employees who do not satisfy the Actively at Work requirements are shown in the Terms and Conditions.

We reserve the right to amend or 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.

Employees resident outside of the UK, Isle of Man and Channel Islands are not included unless we have agreed to include them.

Name	Nationality	Location	DOB	Salary	Period of secondment		UK contract of employment Y/N
					Start date	Anticipated end date	

Will any of the employees to be covered undertake business travel outside of the following countries? – UK, Isle of Man, Channel Islands, all other EU countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA and the Vatican City?

Yes* No

*If yes please complete the information below

Name	Destinations travelled to	Amount of time spent in each destination per year

Any other information requested under the 'Additional requirements' section of your quote:

No further requirements shown I have set out the shown details separately

Section E – Scheme Information

Proposed risk commencement date: / / Proposed annual revision date: / /
Commission rate: %

What is the scheme take up rate of eligible employees: %
(Please note, we do not offer discretionary schemes)

Is this scheme to cover pension scheme members only?

*If Yes, please confirm the eligibility of the pension scheme and the % take up rate

YES* NO

Are members insured under this scheme to be insured elsewhere for the same type of benefit?

*If yes, please provide full details

YES* NO

Would you like a rate guarantee?

YES NO

If Partners or Equity Partners are to be included in the scheme, please confirm that the cover is required for death in service benefits only. If not, please provide details:

Members who attain the Normal Contractual Retirement age and continue in service can have cover extended. Do you want all eligible employees in service after the Normal Contractual Retirement age to be covered?
(Please see section 1.10 of the Terms and Conditions for rules associated with providing extended cover)

YES NO

If there is an existing trust in place, please provide Lutine Assurance with a copy and complete the sections below

What is the full name as it appears on the establishing deed?

What was the date the trust was executed? / /

Is Lutine Assurance to produce a Trust Deed (if yes please complete the Trust Application form)

YES NO

Is this a registered scheme?

YES NO

For registered schemes what is the PSO/PSTR number applicable to the deed?

Please also confirm the date of registration: / /

Is redundancy cover required?

YES NO

*If yes, please note, cover will be provided for up to a maximum of 2 years or will cease on re – employment, whichever comes first (if the quote you are accepting did not include redundancy cover but this condition is now required we will re cost the scheme).



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If we need to organise medical information for any scheme member we need someone, preferably within a Human Resources Department, to act as a point of contact within the company. Please therefore provide a name, address and telephone number of someone willing to act in this confidential capacity.

Name:

Address:

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Telephone number:

We declare that the information in this application and any other written statements to the company are, to the best of our knowledge and belief true and no material fact that would affect the underwriting or pricing of the risk in any way has been withheld.

Signature:

Date:

Name:

Capacity:

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

Lutine Assurance Services Limited
154 Great Charles Street
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B3 3HN
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