

# Group Life Assurance Application

## General Information

Quotation Reference Number: \_\_\_\_\_ Dated: \_\_\_\_\_

Name of Scheme: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Renewal Date: \_\_\_\_\_

Principal Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Registered Address: (if different from above) \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Company Registration Number: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

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

New  Insured  Self Insured

Are there other benefits payable on death in service to be insured elsewhere or self-insured?

If yes, please provide full details on a separate piece of paper and attach it to this proposal.

\_\_\_\_\_

Payment of Premiums: Annually  Monthly

## Occupation and Locations

Please provide the nature of occupations and the proportions of occupations to be included in the scheme.  
(e.g. Directors 20%, Sales 50%, Office staff 30%).

Occupations (i.e. Directors, clerical etc)	Percentage of employees within scheme

Please provide details of the Principal Office location. This is where each Member spends the largest proportion of their working hours. This is not necessarily the Head Office or Regional Office to which the Member is assigned.

Geographical Location	Percentage of employees based in this location

Details of any hazardous occupations: (e.g. working with toxic substances, explosives or working at heights)

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## Benefits

1. Lump sum formula: (i.e. multiple of salary or set benefit)

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2. Dependants' Pensions formula:

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Formula applies to: Spouse and/or Dependant

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Escalation: Nil  3%  5%

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If benefits are salary related, please define scheme salary: (e.g. basic salary or basic salary plus bonuses)

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Scheme Cessation Ages: Males  Females

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Normal Retirement Ages: Males  Females

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New Entrants included: At renewal date only  Daily

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Increases in Benefit: At renewal date only  Daily

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## Rate Guarantee

Please confirm if a rate guarantee is required: Yes  No   
 (Please note, a reduction in rate may apply should a rate guarantee not be required)

The premium rate is usually guaranteed for 2 years from the inception or renewal date and will not be adjusted or reviewed other than in the following circumstances.

1. A change in the eligibility conditions OR
2. A change in the taxation of the scheme benefits and/or premiums OR
3. If either the number of members or value of benefits provided at inception increase by more than 25% OR
4. A change in the basis for calculating the scheme benefits

Lutine Assurance reserves the right to revise the premium rate at the end of each rate guarantee period.

If a 2 year rate guarantee is not required then please contact us as we **may** be able to provide a discount on the rate quoted.

## Eligibility Conditions

**PLEASE NOTE LUTINE DO NOT OFFER DISCRETIONARY SCHEMES AS STANDARD.  
 IF THIS IS A DISCRETIONARY/VOLUNTARY SCHEME, PLEASE ADVISE.**

Is membership?	Compulsory for all employees	<input type="checkbox"/>
	Compulsory for all employees of a defined category	<input type="checkbox"/>
	Compulsory for all pension scheme members	<input type="checkbox"/>
	Other	<input type="checkbox"/>

If a defined category or other has been ticked please advise:

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**Please note employees must be included into this arrangement within 6 months of being employed by the Grantee.**

What is the take up rate of eligible employees: \_\_\_\_\_ %

Minimum age at entry: \_\_\_\_\_ Maximum age at entry: \_\_\_\_\_

Any service requirement: \_\_\_\_\_ Years / Weeks

Are part-timers included within the scheme? Yes  No

## Previous Insurance History

Name of current insurer:

Date insurance originally commenced:

Please confirm the PSO or PSTR number:

(Please note, the Scheme must be registered with HMRC prior to risk being assumed in order to obtain tax relief on any benefits paid)

Previous Insurer's Free Cover limit £:

Has this scheme ever formed part of a larger insurance arrangement?

Yes

No

Is the scheme basis, eligibility conditions, benefit basis being changed on the Commencement Date?

Yes

No

If yes, please provide details:

Please provide details in respect of the previous 5 years insurance history: (including any pending or declined claims)

Scheme Year	No. of Members	TOTAL INSURED BENEFITS		No. of Claims	AMOUNT OF CLAIMS PAID	
		Lump Sum	Dependants' Pensions p.a.		Lump Sum	Dependants' Pensions p.a.

## Actively At Work Conditions

We hereby confirm that to the best of our knowledge and belief, no members of this proposed Group Life scheme have been subject to an additional premium of more than 300% or received restricted or declined benefits on either joining the Group Life scheme or any subsequent increase in cover.

**Note:** this declaration is not intended to require employers to seek additional information from their employees regarding personal insurance arrangements.

Please list below any members that do not fall into this category:

Name	Date of Birth (D.O.B)	Lump Sum Benefit	Reason for Restriction/Loading	Previous Free Cover	Previous Insurer's Rating

Please list below all members who have been absent from work due to illness or injury for a total of **90** days or more during the previous 12 months from any employment: (including with previous employers)

Name	Date of Birth D.O.B	Lump Sum Benefit	Dependants' Pensions p.a.	Reason for Absence/Nature of Capacity	Dates/ Duration

## Declaration (to be completed in all cases)

We hereby confirm that no more than 4 Members travel together at any one time and full business travel outside of the UK was disclosed at quotation stage.

We hereby declare that the foregoing statements and associated details of Members are true and complete in every respect and we agree that such statements and any others made by us in connection with this Application shall form the basis of the contract between ourselves and Lutine Assurance Services Limited. We also attach all details which were not available when the Quotation was issued and which were requested in Lutine Assurance Services Limited quotation. We understand and accept that information provided at quotation stage forms part of the contract.

We consent to Lutine Assurance Services Limited seeking information from any insurance company to which a proposal for group life assurance has been made and authorise the giving of such information.

We hereby confirm that to the best of our knowledge and belief, no members of this proposed Group Life scheme have been accepted. (Note: this declaration is not intended to require employers to seek additional information from their employees regarding personal insurance arrangements) and it is warranted that, with the exception of those members listed overleaf, all members are currently fit and actively at work.

Please note, if Lutine Assurance's Actively at Work or No Worse Terms Terms & Conditions are not met cover is not guaranteed.

### Authorised Signatory of Trustee / Principal Employer: (PLEASE SIGN HERE)

Name (BLOCK CAPITALS):

Position:

Date:

### Authorised Signatory of Trustee / Principal Employer: (PLEASE SIGN HERE)

Name (BLOCK CAPITALS):

Position:

Date:

### Authorised Signatory of Trustee / Principal Employer: (PLEASE SIGN HERE)

Name (BLOCK CAPITALS):

Position:

Date:

Where the Application Form is completed before the Commencement Date, the Actively at Work details must be subsequently supplied when the Commencement Date is reached, together with confirmation there are no changes to previously disclosed information.

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 capacity.

Name:

Address:

Postcode:

Telephone No:

## 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 proposal for assurance.

"Sensitive" information relating to your proposal 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 proposal. Therefore would you please indicate your consent to such processing by signing below. All information provided may be retained for up to six years from the date of your proposal or when you cease to be a policyholder with us.

## 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, you will be told 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.
- 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.

**Please note that the minimum monthly premium for group schemes is £50.00.**

Lutine Assurance Services Ltd. Registered in England number 2340151. Lutine Assurance Services is authorised and regulated by the Financial Services Authority. Lutine Assurance Services acts for certain Syndicates at Lloyd's of London and other authorised UK Life Assurance Companies. Registered Offices: Sidcup House, 12-18 Station Road, Sidcup, Kent, DA15 7EX



### 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, 3rd Floor, 154 Great Charles Street, Birmingham B3 3HN.**

Originator's Identification Number:

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

4. Bank or Building Society Account number

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

Lutine Assurance Services Limited Reference Number   
For Head Office Use Only

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

**To: The Manager**  

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Bank or Building Society

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Address:

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Postcode

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#### Instruction to your Bank or Building Society

Please pay Lutine Assurance Services Limited Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee.

Signature(s)   

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Date

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Banks and Building Societies may not accept Direct Debit instructions for some types of account. **NO ACKNOWLEDGEMENT REQUIRED**