

Group Life Assurance Simplified Group Proposal Form

Principal Employer:

Quotation Number (if known):

Insurance History

Name of current insurer:

Date insurance originally commenced:

PSTR number:

Previous Insurer's Free Cover Limit: £

Please attach a copy of your last application form.

Provisions & Conditions - Declaration

We can accept this application for simplified acceptance providing that you:

- Supply us with a copy of your last full application, completed no more than 5 years ago.

Please tick here to confirm you are attaching a copy

- Confirm the scheme rules, eligibility conditions or benefits as defined under your existing terms are not changing.

Please tick here to confirm no changes are intended

- Warrant that no claims have been made, or are currently pending, including declined claims during the 5 years directly before this renewal application for either Group Life, Group Critical Illness or Group Income Protection schemes that the principal employer has insured.

Please tick here to confirm there is nothing to declare

- Warrant that no member participates in hazardous duties as part of their occupation (e.g. working with toxic substances, explosives or working at heights)

Please tick here to confirm there is nothing to declare

- Warrant that no member travels outside the UK for business and no more than 4 members travel together at any one time.

Please tick here to confirm there is nothing to declare

- Warrant that all members are fit and active at work on the day of commencement and that no members are absent or have been absent from work due to illness or injury for a total of 90 days or more during the 12 months prior to this application from any employment (including with previous employers).

Please tick here to confirm there is nothing to declare

- Confirm that to the best of your knowledge and belief, no members of this proposed Group Life scheme has been subject to an additional premium of more than 150% of the standard premium OR received restricted/declined or postponed. benefits under any company arrangement for Life, Critical Illness or any form of Income Protection.

Please tick here to confirm there is nothing to declare

Note: this declaration is not intended to require employers to seek additional information from their employees regarding personal insurance arrangements. If you are unable to fulfil the requirements of this simplified application Lutine Assurance Services will otherwise be prepared to consider your application upon receipt of full details.

I hereby confirm I have read the provisions and conditions of this simplified application form and warrant herewith that there are no details to be disclosed or further information to be provided and that this declaration shall form the basis of the contract with Lutine Assurance Services and I understand completion of this declaration does not constitute a formal offer by Lutine Assurance Services to accept this application.

Signed (Authorised signature)

Name Position Dated

Signed on behalf of Participating Employer (Authorised signature)

Name Position Dated