

Group Life

Application for a Group Life Assurance Flexible Benefits Policy for Registered Death in Service Benefits

This form may only be completed by an individual authorised to act for and on behalf of the Trustees of the Registered Death in Service Scheme.

Important Note:

- Please complete this form carefully.
- Please remember that any omission or mis-statement of a material fact could reduce the amount payable under the policy or even invalidate the cover entirely.
- The policy will only be provided on the basis that the insurance cover required is solely in relation to a Group Life Scheme, registered under Part 4 of the Finance Act 2004.
- Please complete all boxes or indicate where requested.
- Any additional information should be completed at the end of the form in the section provided or on an additional signed and dated sheet if required.
- If the request is for a traditional rather than a Flexible Benefits Scheme please refer to our Application for a Group Life Assurance Policy for Registered Death in Service Benefits.
- For further information please refer to our Technical Guide and our Policy Terms and Conditions

Employer Details:

Principal employer's full registered name:

Main contact name and job title (for direct communication where appropriate):

For anti-money laundering purposes please confirm:

The name(s) and address(es) of the entity or entities who will be paying the premium:

The details of the account(s) from which the premium will be paid:

The method of payment that will be used e.g. electronic transfer:

Scheme Details:

Scheme Name (if this is a continuation of an existing scheme please give the name shown in the scheme documentation):

Policy Details:

Risk Commencement Date:

Policy Annual Revision Date:

Quotation Reference Number:

Premium Frequency:

Annual

Half-yearly

Quarterly

Monthly



Policy Specifics:

Eligibility Conditions:

Membership:

Eligibility is linked to pension scheme membership: Yes No

If eligibility is linked to pension scheme membership please provide details of pension scheme eligibility conditions:

Minimum age attained on entry:	Lump sum benefits	<input type="checkbox"/>	Death in service pensions	<input type="checkbox"/>
Maximum age attained on entry:	Lump sum benefits	<input type="checkbox"/>	Death in service pensions	<input type="checkbox"/>
Minimum service requirement:	Lump sum benefits	<input type="checkbox"/>	Death in service pensions	<input type="checkbox"/>
Entry to the scheme:		<input type="checkbox"/>	Immediate entry	
		<input type="checkbox"/>	Entry at the following annual revision date	

Termination Age:

Termination Age Date: On the Member's birthday

On the 1st of the month following the Member's birthday

Benefit Basis:

Lump Sum Benefit Basis (please detail core benefits, tranches of cover and maximum levels of benefit)

Death In Service Pension Benefit Basis (please detail core benefits, tranches of cover and maximum levels of benefit)



Pension Benefits are payable to: Spouse Dependants

Do benefits continue to orphans? Yes No

Are additional children's pensions required? Yes No

If "yes" please give details of the benefits required including the age benefits will be payable to:

Escalation Rate:

Definition of Salary for Lump Sum Benefits:

Definition of Pensionable Salary for Death in Service Pensions:

Temporary Absence Conditions:

Is cover during Early Retirement Required? Yes No

Is cover during Late Retirement Required? Yes No

Is cover during Redundancy Required? Yes No

Are there any restrictions to benefit e.g. Salaries restricted to a notional earnings cap, Lump Sum Benefits restricted to Lifetime Allowance? Yes No

If "yes" please give details:

Is a supplementary scheme to be set up in conjunction with this Registered Policy in order to cover additional benefits? Yes No



Additional Information Required for Flexible Benefits:

Please detail how the benefits are funded:

Employees have a percentage of salary to spend on flexible benefit choices. Yes No
 Premiums are paid for by the employer and deducted from the employee via PAYE.

Employees have a finite 'pot' of credits that can be spent on flexible benefit choices. Yes No
 Premiums are paid for by the employer and credits are deducted from the employee's 'pot'.

Other, please give details

Please complete the following lifestyle matrix.

Lifestyle Event	Increase allowable		Decrease allowable	
Annual Revision Date	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Marriage/Civil Partnership	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Divorce or Separation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Birth/adoption of a child	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Death of a dependant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Should other Lifestyle Events be required please provide details in the same format as above in the further information section.

How many times in a policy year can a member effect a change due to a Lifestyle Event (inclusive of the annual revision date)

What time limit (in days) is there in respect of a member communicating a Lifestyle Event change in benefit to the policyholder

What actively at work conditions or evidence of health conditions apply when a member effects an increase in their level of cover



Further Information:

(please use an additional signed and dated sheet if required)

[Large grey rectangular area for providing further information]



For emergency direct contact with client's Human Resources Department:

Employer's Email:

Please send me periodical communications based on my preferences below:

- **Monthly UK employment law newsletter**
a roundup of Employment case law, Tribunal judgements, green and white papers, etc.

Yes No
- **General updates** regarding our policies and free services including claims management, EAP's, Bereavement Counselling and Best Doctors

Yes No
- **Invites** to networking and training events

Yes No
- **GEB News**
A quarterly newsletter providing insight into different territories and the Generali Employee Benefits Network

Yes No
- **International updates** on Generali products including Expatriate benefit solutions

Yes No
- **Corporate & Commercial Lines:** Property, Casualty, Aviation, Engineering, Marine and Loss Prevention

Yes No
- Please do **not** add me to any mailing lists

Yes

How we use your personal information

We will keep the personal information that you supply to us confidential and will only use it in accordance with the preferences you have indicated above.

We may share your personal information with other companies in the Generali Group and third parties who are involved in the provision of the information or services you have requested.

If we transfer any of your personal information to any country outside the European Economic Area we will ensure that it is given the same level of protection as if we were dealing with it.

If you require any further information please contact:

The Data Protection Officer, Assicurazioni Generali S.p.A., 100 Leaman Street, London E1 8AJ, UK

Additional Services

Bereavement Counselling and a Probate helpline

is provided free with our group life policies. Please email eb.enquiries@Generali.co.uk if you require assistance communicating these valuable benefits to your employees.



Declaration:

We hereby apply to Assicurazioni Generali S.p.A. United Kingdom Branch (the Company) to issue a Group Life Assurance Policy for Registered Death in Service Benefits in the name of the Trustees for the time being of the Scheme.

We declare that the information given in this application and any other written statements to the Company are, to the best of our knowledge and belief true, and that no material fact has been withheld.

We understand that the Data Protection Act 1998 (the Act) will apply to any personal data (information) supplied by us concerning our employees, their spouses or dependants, etc for whom benefits may be provided under this insurance.

We confirm that we have obtained the necessary consents to the processing of any personal data provided by us for the operation of this insurance, which may include the processes of administration, claims assessment, management and review, compliance, customer concern handling, the

If existing Scheme documentation is to be used and the Scheme has individual Trustees the application should be signed by all the Trustees. If the Scheme Trustee is a corporate entity other than the principal employer please give full details in the further information section.

Signed for and on behalf of the Scheme Trustee(s):

Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:
Name:	Capacity:
Signature:	Date:

**When you are ready to submit this document please print it, sign it and return it to Generali.
You can email this form to ebclientservices@generali.co.uk - send by fax to +44 (0) 207 265 6102
- or send by post to: EB Client Services Dept, Generali Employee Benefits, 100 Leman Street, London E1 8AJ**

Assicurazioni Generali S.p.A. UK Branch 100 Leman Street London E1 8AJ

Company incorporated in Trieste in 1831 - Share capital €1,556,873,283 fully paid-up - Registered office at Piazza Duca degli Abruzzi 2, Trieste, Italy
Italian tax identification and companies registry number 00079760328 - Authorised by Istituto per la Vigilanza sulle Assicurazioni (IVASS)
Registered in the IVASS register of insurance and reinsurance companies under no. 1.00003
Parent company of Generali Group and entered in the IVASS Register of insurance groups under no. 026
UK company registration no. BR1185

