

Group Income Protection

Application for a Group Income Protection Flexible Benefits Policy

This form may only be completed by an individual authorised to act for and on behalf of the principal employer.

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.
- 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 sheet if required.
- If the request is for a traditional rather than a Flexible Benefits Policy please refer to our Application for a Group Income Protection Benefits Policy.
- 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:

Contact:

Day to day correspondence contact name:

Job title:

Company:

Address:

Email:

Telephone:

Please note we must correspond with the same contact for linked or associated policies.



Policy Details:

Policy name (if this is a continuation of existing insurance please give the name shown in the existing policy documentation):

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:

Maximum age attained on entry:

Minimum service requirement:

Entry to the Policy: Immediate entry
 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:

Basic benefit:

Are Employer Pension Fund Contributions required? Yes No

If "Yes" please specify the percentage rate:

Are Employee Pension Fund Contributions required? Yes No

If "Yes" please specify the percentage rate:

Are Employer National Insurance Contributions required? Yes No

If "Yes" please specify the basis:

 Contracted In Contracted Out DB scheme Contracted Out DC scheme

Deferred Period:

 13 weeks 26 weeks 28 weeks 41 weeks 52 weeks

Escalation rate:

If the Payment Period of claims is limited please specify: 2 years 3 years

 4 years 5 years

If a capital sum is required at the end of the limited term, give details:

Definition of salary:

Definition of Pensionable Salary if different (please specify if this should be restricted to a notional earnings cap):



Definition of Incapacity:

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. Premiums are paid for by the employer and deducted from the employee via PAYE.

Yes No

Employees have a finite 'pot' of credits that can be spent on flexible benefit choices. Premiums are paid for by the employer and credits are deducted from the employee's 'pot'.

Yes No

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)



Additional Information Required for Flexible Benefits (cont.):

What time limit 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)



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

The **Best Doctors®** service and a telephonic **Employee Assistance Programme** is provided free with our income protection policies. Best Doctors will be in contact with you to discuss how both of these services can assist your employees and to assist you in communicating these valuable offerings. Please email eb.enquiries@Generali.co.uk if you would prefer they do not contact you at this time.

Claims Management

We are keen to establish a clear understanding of how our claims management processes and services can be best aligned to your needs. In this way, all available opportunities for Generali-funded early intervention can be explored, and the most effective methods for working together can be achieved.

Our claims team is eager to discuss this further with you. Please email groupclaims@generali.co.uk and we will be in contact.



Declaration:

We hereby apply to Assicurazioni Generali S.p.A. United Kingdom Branch (the Company) to issue a Group Income Protection Policy.

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 prevention and detection of fraud/attempted fraud, occupational health, rehabilitation and underwriting. We understand that the personal data may be shared with the employer, other insurers, re-insurers, insurance intermediaries, professional advisers and other service providers who are involved in either the operation of insurance which covers the employees or the employee benefits arrangements provided by the Company.

We confirm that the employees' contracts of employment cover the use of personal data for the purposes of arranging and administering insurance policies.

We understand that any personal data will be processed fairly and securely in accordance with the Act.

Signed for and on behalf of the Principal Employer:

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 Leaman Street, London E1 8AJ**

Assicurazioni Generali S.p.A. UK Branch 100 Leaman 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

