

# 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 Notes:

- 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	
	Yes	No	Yes	No
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
- **Quarterly Generali UK news roundup:** ICYMI "in case you missed it".

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 personal data

You and your members can see how Assicurazioni Generali S.p.A UK Branch uses personal data by visiting [www.generali.co.uk/Info/Privacy-Information](http://www.generali.co.uk/Info/Privacy-Information) or contacting our Data Protection Officer by emailing [privacy@generali.co.uk](mailto:privacy@generali.co.uk) or writing to The Data Protection Officer, Assicurazioni Generali S.p.A UK Branch, 100 Leaman Street, London E1 8AJ.

### Electronic communications

All communications and documents that we provide to you will be in electronic form provided via e-mail or by your accessing a website that we will designate in an e-mail notice we send to you. A paper copy of your policy is available from us upon request. If you wish all communications and documents to be provided to you by paper copy, please let us know when you submit this document to us.

### Additional Services

There are a number of free **Additional Services** available to you including **Best Doctors®**, **Wellbeing Investment Matching**, **Eldercare Support Service**, the employee **Wellbeing Communications Hub** and an **Employee Assistance Programme**. We will be in touch with you or your intermediary as appropriate to arrange a visit and help you make the most of your policy.

### 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 and **Wellbeing Investment Matching** opportunities 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 or your intermediary as appropriate and we will be in touch shortly. In a hurry? email [groupclaims@generali.co.uk](mailto:groupclaims@generali.co.uk)



**Declaration:**

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

We declare that:

(1) the information given in this application and any other written statements to Generali are, to the best of our knowledge and belief true, and that no material fact has been withheld;

(2) we have all necessary permissions to provide the personal data of members in, or in connection with, this form to Generali; and

(3) in accordance with applicable national data protection laws, we have given sufficient information to each member in order for them to understand: (i) what personal data is shared with, and for how long it is retained by, Generali, (ii) the purpose of such sharing and (iii) the identity of Generali or a description of the type of employee benefits organisation (such as Generali) with whom data is shared.

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](mailto:ebclientservices@generali.co.uk)  
- 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 €1,565,165,364 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.

