

Group Life

Application for a Group Life Assurance 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 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.
- 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 Flexible Benefits Scheme please refer to our Application for a Group Life Assurance Flexible Benefits 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:

Participating employer(s) full registered name(s):

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.



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 Death in service pensions

Maximum age attained on entry: Lump sum benefits Death in service pensions

Minimum service requirement: Lump sum benefits Death in service pensions

Entry to the scheme: 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:

Lump Sum Benefit Basis:



Benefit Basis (cont.):

Death In Service Pension Benefit Basis:

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 Notional Earnings CAP, Lump Sum Benefits restricted to Lifetime Allowance? Yes No

If "yes" please give details:

Is an Excepted Scheme to be set up in conjunction with this Registered Policy in order to cover additional benefits?

Yes No



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
- **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 or contacting our Data Protection Officer by emailing 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

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 (Generali) 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:

(1) the information given in this application and any other written statements to the 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.

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:

**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
- 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 €1,565,165,364 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.

