

Group Life

Late entrant form

Important Notes:

Please note that this form is to be completed by an Authorised Signatory for the Trustees, a Trustee, Company Director, Company Secretary or Appointed Intermediary. It is only for use in respect of Group Life Schemes. If the employee is applying for late entry to a Group Income Protection Scheme, they must provide full evidence of health.

Please answer all of the questions on this form honestly and in full. If you give us misleading or incorrect information, **this could mean that we do not pay a claim in respect of the employee concerned.**

Scheme Name/Employer:

Scheme/Policy Number:

Personal Details:

Title: Mr/Mrs/Miss/Ms/Dr/other:

Date of Birth:

Surname:

Forenames:

Reason for late entry:

Date joined company:

Date joined scheme:

Simplified Late Entrant Assessment:

If you can answer 'Yes' to all of the following questions, the employee can be accepted into the scheme with immediate effect for benefits up to the free cover limit. No formal medical underwriting assessment will be required.

However, if you answer 'No' to any of the three questions, we will require satisfactory evidence of health in respect of the employee before they can be accepted into the scheme. We will confirm such medical underwriting requirements under separate cover.

Was the employee Actively at Work as defined by the in force Policy Terms and Conditions as at the date they joined the scheme?

Yes

No

Has the employee had less than 10 consecutive days absent from work due to injury or illness in the last 12 months?

Yes

No

Is the total capitalised sum insured less than £300,000?

Yes

No



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 Lemman Street, London E1 8AJ.

DECLARATION

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 employees 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.

**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: Client Services Dept, Generali Employee Benefits, 100 Lemman Street, London E1 8AJ**

AUTHORISED SIGNATURE:

DATE:

NAME:

COMPANY:

*POSITION:

*Please indicate in which capacity you are acting - Authorised Signatory, Trustee, Company Director, Company Secretary or Appointed Intermediary.

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

