

# Proposal for a partners' group life assurance policy

If the information you give in this form is different from or changes the information on which we based the quotation, we may have to revise or withdraw the quotation under the terms of the quotation guarantee. If we've agreed to provide cover before we've received a completed proposal form, the basis and terms and conditions applicable to that cover will remain as in the accepted quotation. This is until we agree to any changes and revised terms have been accepted in writing. This does not affect our right to cancel a contract from the outset if you fail to disclose material information.

The **Partners' Group Life Assurance technical guide** is an important document you must read to make sure the **policy** meets your needs and you understand what you're buying. It includes details of the benefits and when we will and will not pay a claim. Please read this carefully before you complete this form and contact us, or your financial adviser, if you've any questions.

Please fill in all sections and use a separate sheet if you need more space. If you don't give any of this information or you misstate any information, this could affect payments of the benefit under the **policy**. If you're not sure whether information is relevant, please tell us anyway. A copy of the completed form is available on request.

We'll set up separate policies if the benefits you are asking us to cover can be paid to the firm and a **trust**, or more than one **trust**. For example you may want us to pay some benefit to the firm for the purpose of protecting the business; and other benefit to a discretionary **trust** allowing the **trustees** to then pay it to the **partners'** dependants. To do this we'll need you to complete separate proposal forms in respect of the firm and/or each **trust** you need us to pay benefit to.

Where this form refers to '**partners**', those references should be read as 'members of a Limited Liability Partnership' (LLP) where the firm is an LLP.

## Sanction Checks

This **policy** is not suitable for any entity that is, or is at risk of being, sanctioned under any United Kingdom, European Union, United States of America or United Nation sanctions programs, or which has any related entities (such as a parent or subsidiary), employees or officers that are or maybe subject to such a program.



This proposal form uses technical and defined terms. We've shown these in **bold**. You can find the definitions of these words in the technical guide glossary. Please ask us if you have any questions about these.

## Checklist

### Before you ask us to start a policy

- Read through our quote and the [Partners' Group Life Assurance technical guide](#) to make sure the **policy** meets your needs and you understand what you're buying.
- Check your quote is guaranteed. If it isn't, the quote will tell you the information we need to consider guaranteed terms.
- Check if your quote includes assumptions. If these aren't right we may need to change or withdraw the quote.
- Check if any **partners** need to give us medical evidence.
- Check if **partners** are **actively at work**.
- Check if you need a suitable **trust** in place to pay the benefits through, and make sure it's in place for when the **policy** starts. We offer [specimen trust documents](#).



Our quote and technical guide explain if **partners** need to give us medical evidence, or if they need to be **actively at work**, for cover.

## Checklist continued

### Within 14 days after the policy starts

To complete your **policy** set up we'll need:

- This completed proposal form.
- A completed direct debit mandate form if you're paying monthly premiums, or your first premium if you're paying yearly premiums.
- Up-to-date membership data if the data you gave us for the quote has changed.
- Where previously insured, your insurer applied additional terms for an **partner's** cover, we'll need you to complete and send us a Declaration – Switch Terms form, or a copy the previous insurer's acceptance letter.
- Any other details we ask for when we confirm cover.

Download our documents and forms from [document library](#)

## 1. Name of firm

Name of firm

Principal address

Postcode

Type of business  
e.g. Limited company,  
Charity or Firm


## 2. Associated firms

Are there any other associated firms to be included?

If 'Yes', please list the name, address and nature of business of each.

If you have more than two participating employers, the details can be provided on a separate sheet.

Yes  No

Name

Principal address

Postcode

Nature of business

<input type="checkbox"/> Yes <input type="checkbox"/> No							

Name

Principal address

Postcode

Nature of business


Name

Principal address

Postcode

Nature of business


Name

Principal address

Postcode

Nature of business


### 3. Policy details

How do you want us to set up the **policy**?

If the benefits are to be provided through a **registered** scheme, please confirm

If you select more than one type of **policy**, please tell us how you would like the **partners** or benefits split between the **policy** types.

<input type="checkbox"/>	As a commercial arrangement, where any benefit is for the firm
<input type="checkbox"/>	As an <b>excepted group life policy</b> , where any benefit is paid under a discretionary <b>trust</b> for dependant individuals or charities
<input type="checkbox"/>	As a <b>policy</b> providing cover for <b>partners</b> who are included in a <b>registered</b> death in service scheme set up for the firm's employees
<input type="checkbox"/>	As a non-registered scheme

The title of the scheme

(as recorded in the scheme's formal documentation)

The HM Revenue & Customs Pension Scheme Tax Reference

### 4. Partners absent from work

Are there any eligible **partners** who at the **policy** start date have been absent from work for a period of three months or more?

If 'Yes', please give each absent **partner's** date of birth, date of first absence, reason for absence (if due to illness, please provide nature of illness) and **benefit entitlement** at the **policy** start date.

Yes  No

Date of birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of first absence (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for absence (if illness, please provide nature of illness)

**Benefit entitlement**

Date of birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of first absence (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for absence (if illness, please provide nature of illness)

**Benefit entitlement**

If there are more **partners** absent from work, their details can be provided on a separate sheet.

Date of birth (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Date of first absence (DDMMYYYY)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reason for absence (if illness, please provide nature of illness)

**Benefit entitlement**

## 5. Previous medical underwriting terms

5.1 Where previously insured, did the insurer cover all the eligible **partners** for their full benefit without applying additional terms?

Additional terms can include an increase to the premium and where cover is; excluded, restricted, postponed or declined (including where medical evidence hasn't been provided).

Yes  No  Not Applicable

If 'No' please either:

- attach a copy of the previous insurer's acceptance letter for **partners** with additional terms; or
- complete and attach a [Declaration – Switch Terms](#) form giving details of the partners with additional terms. You can download this form from [website](#).

Read our quote and technical guide to find out about the **partners** with additional terms we can cover, and when **medical underwriting** is needed.

## 6. Membership data

Is the membership data for the quotation correct at the **policy** start date?

Yes  No

If 'No', please provide correct membership data separately. We'll use the up-to-date data to check our quote guarantee, create an accurate account and set up your **policy**.

## 7. Policyholder

Who will be the policyholder? This is normally the firm or a separate body of appointed **trustees**.

a) The firm shown in Section 1, or  b) Other

If (b), please state the full name as recorded in the scheme documentation, for example, the Trustees of the ABC Life Assurance Scheme

## 8. Trustee details

If this **policy** is for business protection, please continue to section 9.

If the trust names anyone other than the firm as the **trustee** then we will need some additional information about the trustees of the **scheme**. This could be a third party **trustee** company or a group of individuals named on the trust document.

Please only give details of individuals if they are named in the trust document or a later addendum.

To protect the individuals noted and us from financial crime, we may need to confirm their identity. We may do this by using reference agencies to search sources of information about them (an identity search). This will not affect their credit rating. If this identity search fails, we may ask them for documents to confirm their identity.

Full name  
(including any middle names)  
Date of birth (DDMMYYYY)  
Gender  
Address  
(this is the home address for individual trustees or the registered address for a corporate trustee)  
Postcode

Full name  
(including any middle names)  
Date of birth (DDMMYYYY)  
Gender  
Address  
(this is the home address for individual trustees or the registered address for a corporate trustee)  
Postcode

### Trustee details

  
  
 Male  Female  
  

### Trustee details

  
  
 Male  Female  
  

If there are additional trustees to notify us of, please complete the [additional trustees form](#) with their details and return it along with this form.

## 9. Payment details

Claim payments and premium refunds can only be made by direct credit. If you tell us your bank account details now, it will avoid delays when we pay money to you. We'll always confirm these details are still correct before making payments.

Payee name

Sort code

Account number

The Firm's or **Trustees'** for premium refunds


Payee name

Sort code

Account number

The **Trustees'** for claims payments (if different from above)


## 10. Financial adviser information:

Please provide details of your financial adviser for this policy.

Name

Address

Postcode


## 11. Data protection and disclosures

### IMPORTANT PLEASE READ

#### Data Protection

You will need to send us personal information about the Partners who are, or become, eligible for cover. This may include medical and health information. You need to satisfy yourself of a legal basis that allows you to send us these details.

Our full Privacy Policy is available at <https://www.legalandgeneral.com/privacy-policy/>. Please share this with the Partners so they understand what we do with the information we collect.

#### Fraud Prevention

The personal information Legal & General collects from you may be shared with fraud prevention agencies who will use it to prevent fraud and money laundering and to verify your identity.

If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies. Law enforcement agencies may access and use this information. We may also share information about you with other organisations and public bodies, including the police and we may check and/or file your details with fraud prevention agencies and databases.

If fraud is detected, you could be refused certain services, finance or employment. Further details of how your information will be used by us and these fraud prevention agencies can be found by accessing this link, [www.cifas.org.uk/fpn](http://www.cifas.org.uk/fpn)

Legal & General and other organisations may also access and use this information to prevent fraud and money laundering, for example, when:

- Checking details on applications for credit and credit related or other facilities.
- Managing credit and credit related accounts or facilities.
- Recovering debt.
- Checking details on proposals and claims for all types of insurance.
- Checking details of job applicants and employees.
- Checking sources of income and tax details.

Legal & General and other organisations may access and use from other countries the information recorded by fraud prevention agencies. Please contact our Group Financial Crime department if you wish to receive the relevant details of the fraud prevention agencies:

Address: Group Financial Crime, Legal & General, Four Central Square, Cardiff, CF10 1FS

Legal & General may also check the details of other parties related to your contract, including verification of identity. This includes beneficiaries, trustees, settlors, third party premium payers, executors or administrators of your estate, parties with power of attorney and any other beneficial owner.

## 12. Declaration by the grantee of the policy(ies)

We declare that the information given in this form is complete and correct.

We confirm that the applicants and all of its related entities, employees and officers are not currently sanctioned under any United Kingdom, European Union, United States of America or United Nations sanctions program, nor at risk of becoming sanctioned under any such program.

We wish to insure the benefits set out in the quotation reference:

dated (DDMMYYYY)

with effect from (DDMMYYYY)

(the **policy** start date) in accordance with the terms and conditions as detailed in that quotation and request you to issue the appropriate **policy(ies)**.

Signature for and on behalf of the firm

Name in BLOCK CAPITALS

Date (DDMMYYYY)

## Contact us



**0345 026 0094**

We may record and monitor calls. Call charges will vary.



**group.protection@landg.com**



**legalandgeneral.com/employer/group-protection/**



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