

Group Critical Illness

Request to assume risk for a Group Critical Illness Policy

Important information

This form can be completed by:

- an authorised official of the company who want to place cover with us, or
- their appointed financial adviser.

In order to place cover with Canada Life, please make sure the form is **fully completed and returned to us by 4.00pm on the day before risk is to commence.**

Note

Completion of this form is required because of the amount of information provided when quotations were requested however, we may still request additional information before being able to confirm risk is in place.

Clarification may also be sought after we have confirmed risk to ensure an accurate Policy is issued.

How to return your form

By email

grouponrisk@canadalife.co.uk



Scanned or photographed images of the completed form can be emailed.

Call us

0117 916 4463



If you have any questions regarding the completion of the form or the submission process, please call us.

1 Intermediary details

Intermediary name

Financial Services Registry Number

2 Required policy

Accepted quote reference

Proposed commencement date

 - -

Annual revision date

 -

Name of previous insurer (if applicable)

Is the transfer on exactly the same basis (If No please provide full details of the changes in your email returning this form)

Yes

No

3 Principal employer details

Name

Companies House Registration Number

Correspondence address (if different to Registered Address)

Postcode

Group Critical Illness

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4 Associated employers details

Insufficient space below? Please use page 4 to provide information on any other employers.

Name	<input type="text"/>	Companies House Registration Number	<input type="text"/>
Name	<input type="text"/>	Companies House Registration Number	<input type="text"/>
Name	<input type="text"/>	Companies House Registration Number	<input type="text"/>

5 Supplementary quote information

Please refer to our quotation before completing this section. We are unable to assume risk until all additional requirements have been confirmed.

Please tick if the quote data is **not** to be used for inception accounts

Other than those previously advised please confirm:

If there are any members who do not meet the Actively At Work Requirements + on the proposed commencement date, including members in receipt of disability benefit, absent through sickness or injury for a period greater than 3 months or working reduced hours due to sickness or injury.	Yes	No
If there are any members who are not insured for their full benefit or whose medical decision has changed since the original quote was requested e.g. restricted, declined, postponed or accepted on non-standard terms. Copies of decision letters will need to be provided.	Yes	No
If there are any claims you haven't already informed us of.	Yes	No
If there are any members requiring cover overseas.	Yes	No
If there are any members traveling overseas (excluding the European Union and North America).	Yes	No

If you answer 'Yes' to any of the above, appropriate details should be provided in your email returning this form.

We reserve the right to amend or withdraw the quotation if there are any members who have not been underwritten on standard terms, or if there are any long term absentees that you have not previously told us about. Further details may be required. Please provide to GroupOnRisk@canadalife.co.uk



Actively at work means that a person:

- is present at their place of work, and
- has not received medical advice to refrain from work, and
- is mentally and physically capable of performing fully the normal regular duties associated with the job they are engaged to do, and
- is working their normal contracted number of hours, either at their normal place of work or at a place that the business requires.

Our forms are available to download from our website: www.canadalife.co.uk/group

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