

Group Income Protection

Request to assume risk for a Group Income Protection Policy

This form is divided into 2 parts:

If you do not complete all the required fields, we may not be able to assume risk on the intended day.

Part A

Requests details of the companies to be included and up to date information of the individuals to be covered.

Part B

Requests information which was not provided when our quote was provided but is needed before we will be able to assume risk.

Note

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.

If you have any questions regarding the completion of the form or the submission process, please call us on **0345 223 8000**.

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 correct parts of this form are **fully completed and returned to us by 4.00pm on the day before risk is to commence**.

How to return your form

By email

grouponrisk@canadalife.co.uk



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

Part A

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 required on page 5)

Yes

No

Group Income Protection

Request to assume risk for a Group Income Protection Policy

Part A – continued

3 Principal employer details

Name	Companies House Registration Number
<input type="text"/>	<input type="text"/>
Correspondence address (if different to Registered Address)	
<input type="text"/>	
	Postcode
<input type="text"/>	

4 Associated employers details

Insufficient space below? Please use page 5 to provide information on any other employers.

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

+ **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.

If you answer 'Yes' to any of the above, appropriate details should be provided on page 5.

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

Group Income Protection

Request to assume risk for a Group Income Protection Policy

Part B

1 Eligibility and scheme information

Insufficient space below? Please use page 5 to provide information on any other categories.

	Categories of cover		
	Category 1	Category 2	Category 3
Eligibility + (e.g. All employees including / excluding directors)			
Entry date (daily, specified date)			
Minimum / Maximum Age at Entry			
Minimum service requirement (if any)			
Cease age (maximum)			
Salary definition ++			
Salary sacrifice to be insured			
Employers pension scheme contributions (enter the % of salary)			
Employees' pension scheme contributions (enter the % of salary)			

+ Helpful Hint – Eligibility

- If 'Non-Permanent' employees are to be insured it may affect when the deferred period commences
- To adhere to data protection legislation we will not include any individual names on Group Policies
- The term 'senior' can only be used if clearly defined
- If Non-Executives or Consultants is to be used please clearly define and confirm who holds contracts of employment

Please note that cover for any of the above cannot be guaranteed.

++ Helpful Hint – Salary definition

Basic salary may not be appropriate for all contract types.

More appropriate salary definitions which can be insured are:

- Earnings received in previous 12 months
- Salary / earnings fixed at a set date for a 12 month period
- Any earnings to be insured which fluctuate may be averaged over a 3 year period

Examples are:

- PAYE earnings, overtime, commission payments
- Partnership drawings

Group Income Protection

Request to assume risk for a Group Income Protection Policy

Part B – continued

1 Eligibility and scheme information – continued

If any of the above categories is linked to a membership of a pension scheme please complete the following in respect of associated pension scheme, if different to the information already provided.

	Categories of cover		
	Category 1	Category 2	Category 3
Pension scheme eligibility (including any service requirement)			
First opportunity to join (e.g. daily, specified date)			
Minimum / Maximum Age at Entry			
Name of Pension Scheme (please confirm type of pension scheme i.e. DB / DC)			

Group Income Protection

Request to assume risk for a Group Income Protection Policy

Additional information

Please enter below any other information which has not been provided elsewhere in this form.

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

Canada Life Limited, 3 Rivergate, Temple Quay, Bristol BS1 6ER. Telephone 0345 223 8000

Canada Life Limited, registered in England no. 973271. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. CLFIS (UK) Limited, registered in England no. 04356028 is an associate company of Canada Life Limited. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

F/GIP/RDFFULL – 720R(B)