

Group Life Insurance

Request to assume risk for a Group Life 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

FSA Register reference 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

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4 Associated employers details

Insufficient space below? Please use page 4, or in your email returning this form, to provide information on any additional employers.

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

5 Trust and Registration details (Please refer to Canada Life's Trust page on our [website](#) to find specimen Deeds)

Please complete as appropriate the type of Trust which is going to be used to hold the liabilities insured:
(YOU SHOULD NOT PROCEED FURTHER WITHOUT A TRUST IN PLACE).

Insufficient space below? Please use on page 4, or in your email returning this form, to provide information on any additional trusts.

Registered Trust being used

Standalone Trust	Canada Life Master Trust
Date the Trust was executed <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Have Canada Life agreed you can join the Master Trust? Yes No If 'Yes', a Deed of Participation has to be completed on or prior to the commencement date of the Policy – click to download If 'No', please contact us as this could affect the premiums quoted.
HMRC PSTR number	
Scheme Name (As shown in the executed trust)	Scheme Name (As shown in the deed of participation)
	Canada Life Group Life Master Trust on behalf of

Excepted Trust being used

Standalone Excepted Trust	Excepted Solution Trust
Date the Trust was executed <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date the Trust was executed <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Scheme Name (As shown in the executed trust)	Scheme Name (As shown in the executed Excepted Solution trust)
	Excepted Solution Group Life Scheme

IMPORTANT INFORMATION

Please ensure the relevant Proposal form is completed in line with the type of scheme selected. Please call us on **0345 223 8000** for any assistance

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6 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 on page 4 or 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.

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Additional information

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

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

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