

Quotation request

Guidance notes for completion of this form

Please complete the appropriate sections fully to help us provide you with a quote as quickly as possible.

If you have any further questions about the form, please contact us. Our relevant contact details are noted at the end of this form on page 6.

If, in any section of the form, there is insufficient space to provide all the relevant information, please continue on an additional sheet and attach it to the quotation request.

Please bear in mind data protection: we do not require employees' names in order to produce a quotation.



This form uses technical and defined terms. You can find explanations for these in the relevant product technical guide glossary. You can find each of our technical guides and other useful material relating to our products and services in our literature library. Our literature library can be found [here](#).

1. General information

1.1 Employer's name

1.2 Employer's industry

1.3 Type of scheme you wish us to quote for.

Self-insurance is where you (employer) pay for the cost to provide the cover as well as any subsequent claims. The alternative to this is insurance where an insurance company receives a premium from you and they pay the benefit when there's an eligible claim.

If 'Insured', please provide the name of the current insurer(s).

If more than one, please specify which scheme is with which insurer.

Life Assurance (LAB):	Insured	<input type="checkbox"/>	Self-insured	<input type="checkbox"/>	No current scheme	<input type="checkbox"/>
Dependants' Pension (DOPS)	Insured	<input type="checkbox"/>	Self-insured	<input type="checkbox"/>	No current scheme	<input type="checkbox"/>
Group Income Protection (GIP)	Insured	<input type="checkbox"/>	Self-insured	<input type="checkbox"/>	No current scheme	<input type="checkbox"/>
Critical Illness Cover (CIC)	Insured	<input type="checkbox"/>	Self-insured	<input type="checkbox"/>	No current scheme	<input type="checkbox"/>

1.4 Date from which cover required (DDMMYYYY)

1.5 Annual renewal date (DDMM)

The renewal date can be different from the date you want cover to start.

1.6 Premium frequency

monthly and quarterly premiums are approximately 2% higher than yearly premiums

Monthly Yearly Quarterly

1.7 Benefit termination date

the age cover will end, for example: State Pension age or age 70

LAB: GIP:
DOPS: CIC:

1.8 Eligibility definition

It's important we know which members are in which category. We must therefore agree the eligibility conditions for each category at the start of the policy. Examples of a category eligibility could be 'all directors' or 'all employees'.

1.9 Amount of cover for benefit

i.e. multiple/ percentage of Scheme earnings or flat benefit. You can group employees into separate categories and have different amounts of benefit for different categories. Please specify if benefit varies for different categories of employees. For DOPS/GIP, further details will be required. The relevant information is requested in a later section of this form

1.10 Definition of Scheme earnings

Examples of Scheme earnings definitions are 'basic salary', 'basic salary plus P11D earnings' and 'basic salary plus bonuses averaged over the preceding three years'. If the definitions differ between schemes, please provide further details.

1.11 New entrants join

Daily Yearly Quarterly

If the requirements differ between policy types, please provide separate details.

1.12 Benefit changes take effect

Daily Yearly Quarterly

1.13 Effective date of membership data (DDMMYYYY)

1.14 Are any employees subject to individual terms?

Yes No

1.15 Do any employees have their cover restricted below the full benefit allowed?

Yes No



If the answer to question 1.14 or 1.15 is 'Yes', please provide details separately.

2. Life Assurance and Dependant's Pension

2.1 Is cover to continue on early retirement? (LAB)

Yes No

2.2 Is cover to continue on deferred retirement?

Yes No

Has an extension of the termination age been considered?

2.3 Temporary absence provision

3 years for illness or injury, 1 year for any other reason

Until benefit termination date for illness or injury, 3 years for any other reason

2.4 Are any employees absent or working reduced hours because of:

- A terminal illness or injury, or
- Any other illness or injury that has prevented them working their full hours for at least three months?

Yes No Don't know

If 'Yes', please give details

We don't need to know about maternity, paternity or shared parental leave.

2.5 Do you require a maximum limitation to apply to the scheme earnings and/ or the level of benefit?

Yes No

If 'Yes', please ensure the restriction has been applied to the data provided.

for example, the standard lifetime allowance or other maximum benefit figure.

2.6 Do you wish to consider cover under a non-registered scheme for benefit in excess of a fixed amount?

Yes No

If 'Yes', please provide details of your requirements and the employees affected.

for example: the lifetime allowance, or to cover individuals who have opted not to participate in a registered scheme. This could be to enable employees to retain their enhanced or fixed (also 2014 and 2016) protection.

2.7 Amount of cover for DOPS benefits

Please specify if benefit varies for different categories of eligible employees

% of scheme earnings

% of employee's prospective pension

% of employee's accrued pension

Dependants' pension:

Pension accrual rate (for example 60ths):

Payable to:

Please tick

Spouse or registered civil partner

Spouse, registered civil partner or financial dependant

Extension of continuing payment to children? Yes No

Is this extension only for those in full-time education or vocational training only? Yes No

If 'Yes', to which age? (please tick) 19 20 21 22 23

Additional children's pension:

% of spouse's/ registered civil partner's Financial dependants' pension

(Payment will cease at same time as continuing pension)

Pension increase rate(s):

%:

You can choose to help protect against the value of the Dependants' Pension benefits payments reducing over time due to the impact of inflation

(If the pension increase rate varies for different portions of the dependants' pension, the benefit amount given in the data for each employee should be split according to the rates applicable)

3. Group Income Protection

3.1 Basis for employee benefit

Please specify if any scheme earnings deductions are required for state benefits.

Benefit increase rate (employee's benefit)

Do you want to help protect the amount of benefit being paid from the effect of inflation. Please see technical guide for further information.

 % yearly compound or limit increase to the retail price index Yes No

3.2 Deferred period (weeks)

13 26 28 52 104

3.3 Additional cover for pension and/ or employer's National Insurance (NI) contributions

This will include the Health and Social Care Levy from April 2023

Pension contributions (employer and employee):

Employer: % of Scheme/ pensionable earnings

Employee: % of Scheme/ pensionable earnings

Employer's NI contributions: Yes No

Benefit increase rate (additional)

 % yearly compound or limit increase to the retail price index Yes No

3.4 Definition of incapacity required?

Please refer to the incapacity definitions in the technical guide.

Own Suited Activities of daily working Progressive

3.5 Limited term benefit?

Yes No If so, how many years? 2 yrs 3 yrs 4 yrs or 5 yrs

3.6 Is a lump sum option required at the end of a limited term?

Yes No If so, how many years' benefit? years

4. Group Critical Illness Cover

4.1 Type of cover required

Core only

Core and additional, including total and permanent disability before age 65 (any occupation)

Core and additional, including total and permanent disability before age 65 (own occupation)

Core and additional, excluding cover for Total And Permanent Disability and Terminal Illness.

4.2 Is spouse/ registered civil partner to be covered?

Yes No

If 'Yes', basis for spouse's/ registered civil partner's benefit

5. Claims experience/Scheme history

5.1 If the scheme is currently insured or self-insured, please supply the following information for each of the last five years (or the insured period, if less):

Life Assurance Benefit	Policy year commencing	No. of employees	Total benefit insured	No. of claims	Total benefits claimed
Dependants' Pension	Policy year commencing	No. of employees	Total benefit insured	No. of claims	Total benefits claimed
Group Income Protection	Policy year commencing	No. of employees	Total scheme earnings	In addition, please supply a list of claims commencing during the last five years (or the insured period, if less) showing: gender, date of birth, date claim commenced, date claim ceased, initial benefit per annum, and cause of incapacity.	
Critical Illness Cover	Policy year commencing	No. of employees	Total scheme earnings	In addition, please supply a list of claims paid during the last five years (or the insured period, if less) showing: gender, date of birth, amount of benefit, and cause of claim.	
<p>Changes to scheme basis during the last five years? Please provide details of any changes, for example changes to the amount of cover or who is covered</p>					

6. Important information

What we need to provide your quote

- The employer's name is required in order to guarantee the quotation.
- Please state the nature of the principal employer's business and that of any other participating employers.
- To assess the risk, details of the employees' work location(s) and occupations are needed. If any employees are working abroad, please give details of the location(s) and the number of employees involved (we do not need home addresses for people who are home based).
- For each product, please define the scheme eligibility conditions and age limits. For example, 'all employees between 16 and state pension age who have completed three months' service'. Where there is more than one membership category in the scheme, please also define the eligibility of each category clearly.
- The effective date of the membership data must be provided to prepare an accurate quotation.

Privacy policy

We're the sole data controller for the information we hold with respect to the policy, and solely responsible for its security.

To arrange and manage the policy, you'll need to send us personal information about employees 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, or consider seeking appropriate consent (explicit consent in the case of medical or health information).

Please share our full Privacy Policy with your employees so they understand what we do with the information we collect. Our full Privacy Policy is available at: legalandgeneral.com/privacy-policy/

7. How to submit the form

Once completed, please submit this form along with membership data to us (using the relevant email address at the end of this form).

The membership data should contain:

- gender
- date of birth
- scheme earnings
- membership category
- main work postcodes (locations outside the UK should be highlighted)
- occupations.

For Dependants' Pension please include:

- the benefit to be insured.

Contact us



01273 372 972 for employers or **0345 026 0094** for intermediaries.
We may record and monitor calls. Call charges will vary.



employer.services@landg.com or if you are an intermediary, **group.protection@landg.com**
legalandgeneral.com/employer/group-protection/



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