



AmTrust at Lloyd's
An AmTrust Financial Company

Group Life Assurance Scheme Application

(For Schemes of 25 to 100 lives)

General Information

Quotation Reference No.: _____ **Dated:** _____

Name of Scheme: _____

Commencement Date: _____ **Renewal Date:** _____

Principal Employer: _____

Address:

Postcode: _____

**Companies House
Registration Number:** _____

Nature of Business: _____

Scheme Details

Is this a newly insured scheme or is the scheme currently insured?

Are there other benefits payable on death in service to be insured elsewhere or self-insured?
If yes, please provide full details below or on a separate piece of paper if you require additional space and attach it to this proposal.

Version 4 – 09/08/13

"AmTrust Life is a trading name of Syndicate 44 at Lloyd's and of AmTrust at Lloyd's Limited.
AmTrust at Lloyd's is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and Financial Prudential Authority. Syndicate 44 is managed by AmTrust at Lloyd's Limited.
AmTrust at Lloyd's Limited is a company registered in England and Wales under company number 30439223.
Registered Office: 1 Great Tower Street, London, EC3R 5AA.

Ideally when providing the membership list include: Name, Gender, Age/D.O.B., Salary/Sum Assured, occupation, postcode of the location where they work, involvement with any hazardous substances or involvement of any hazardous duties and details of any foreign travel or residency for each member.

If this is not possible then provide generic information below:

Please provide the nature of occupations and the proportions of occupations to be included in the scheme.

(e.g. Directors 20%, Sales 10%, Office staff 30%, factory workers 40%).

Please provide details of the location of the scheme, including postcodes. If there is more than one location please state the proportions that will be included within the scheme.

Details of any hazardous occupations: (e.g. working with toxic substances, explosives or working at heights)

Details of the Country of Residence and nationalities on the scheme:

Any regular overseas travel, working outside the country of residence or more than 4 lives travelling together at any one time:

(please confirm exact destinations, frequencies and durations)

Lump sum formula for each occupational class: (i.e. state the multiple of salary or amount of set benefit)

The premium rate is usually guaranteed for 1 year from the inception or renewal date and will not be adjusted or reviewed during this period, other than in the following circumstances.

1. a change in the eligibility conditions OR
2. a change in the taxation of the scheme benefits and/or premiums OR
3. if either the number of members or value of benefits provided at inception increase by more than 25% OR
4. a change in the basis for calculating the scheme benefits

We reserve the right to revise the premium rate at the end of each rate guarantee period.

**PLEASE NOTE WE DO NOT OFFER DISCRETIONARY SCHEMES AS STANDARD.
IF THIS IS A DISCRETIONARY/VOLUNTARY SCHEME, PLEASE ADVISE.**

Please define the membership criteria for the scheme? *Please tick the appropriate box*

- | | |
|--|-----|
| 1. All employees of the Grantee/Principle employer | [] |
| 2. All Pension Scheme Members | [] |
| 3. Other (please explain below) | [] |
-
-
-

Please provide details below of any lives who work on average less than 16 hours per week.

Please detail the 'completion of service' requirement before new employees can join the scheme (i.e. immediately, after 3 months service, at a set anniversary date, etc.)

Please detail any lives who are joining before or after the 'completion of service' requirement or do not form part of the 'defined membership' listed above and details as to why.
Highlight any member who is joining more than 6 months after they were eligible to do so.

Declaration

We hereby declare that we are aware that these details may or may not be checked with a third party and therefore we must take all reasonable care not to make any misrepresentations when completing this proposal and answering the questions on this form. To the best of my knowledge and belief the foregoing statements are true and complete. We understand that should any information contained in the foregoing statements change prior to the commencement date, then we must inform the Underwriters. We understand that such changes in information may affect acceptance of this proposal. It is also understood that Underwriting may share information with other Lloyd's Life Insurers and/or Reinsurance companies that are insuring a proportion of this risk.

We consent to AmTrust Life seeking information from any insurance company to which a proposal for group life assurance has been made and authorise the giving of such information.

Authorised signature of Principal Employer: _____

Name (BLOCK CAPITALS): _____

Position: _____

Date: _____

The 1998 Data Protection Act places responsibilities on people and organisations who use personal information.

The Act has particular regard to the right of the individual. It includes the right for individuals to have their information protected and imposes special conditions and rights if this information is classified as "sensitive".

"Sensitive personal information" is defined by the Act as comprising information about racial or ethnic origin, health, religious beliefs, sexual life, convictions or sentences, and trade union membership.

Our interest is restricted to the categories of health and sexual life for underwriting purposes.

Any information collected from you by our Underwriters will be carefully protected and any details which could be defined as "sensitive" as above will receive extra protection. We may, however, pass on information to our reassurers, and other individuals or groups, for example, medical practitioners, who may be involved in the processing of this proposal for assurance.

"Sensitive" information relating to your proposal for assurance may not be processed without your explicit consent.

Should your consent of the processing of sensitive information not be given, it may not be possible to underwrite your proposal. Therefore would you please indicate your consent to such processing by signing below. All information provided may be retained for up to six years from the date of your proposal or when you cease to be a policyholder with us.

For Intermediary Use Only

The following section is for completion by IFA's only, it is not a mandatory field and is meant to act as a guide only. Checking these items have been satisfied will speed up the application process and reduce yours and our administration:

- 1) Have you have conducted the necessary Money Laundering checks as required by current regulation and have adhered to the Principles of "Treating Customers Fairly"? Yes/No

- 2) Are all sections of the proposal complete? Yes/No
Please note that even sections that are 'not applicable' should be answered as such.

- 3) If any questions have been answered "yes", have the full details to the answer been given? Yes/No

- 4) Has the scheme been registered with the Inland Revenue? Yes/No

- 5) Does the scheme have a Trust Form that is transferable? Yes/No

- 6) Have you provided any additional information or forms requested on the original quotation? Yes/No

Please confirm level of commission to be included: (Between 0 and 40%) _____ %

Agency Stamp/Details

*Please include your Agency Number with us if known