RISK ASSURANCE MANAGEMENT

Group Life Assurance

Discretionary or Early/Late Entrant Form

Notes for Completion

You should complete this form if you fulfil any of the definitions below and the benefit required is £400,000 or below. If the required benefit is above £400,000, you should complete a Personal Declaration and once we have received and reviewed this we will confirm if further information is required.

- A Discretionary Entrant is an individual who wishes to join the Scheme outside the Scheme eligibility agreed by us.

- An Early Entrant is an individual who wishes to join the scheme prior to the first date they are eligible to join.

- A Late Entrant is an individual who does not join the scheme within a period of six months after their first opportunity.

Scheme Details

Scheme Name: ……

Policy Number: ……

Please tick appropriate box below:

Discretionary Entrant	☐	**Early Entrant**	☐	**Late Entrant**	☐

Employee Details

Employee Name: ……

Employee Date of Birth: ……

Date Employment Commenced: ……

Date First Eligible to Join Scheme: ……

Scheme Salary: ……

Scheme Benefit: ……

To Be Completed by the Employer:

I confirm that ……was Actively at Work on the date of signing this form (as below).

Actively at Work means the individual must be at work and be mentally and physically able to carry out their normal occupation for their normal contracted number of hours at their usual place of work and has not received medical advice to refrain from working.

Where the Actively at Work requirement refers to a day that is not a working day, we will assume the individual was Actively at Work unless medical evidence shows that they were suffering from an illness and/or injury which would have prevented them from satisfying the Actively at Work requirement.

Similarly, we will assume that the individual was Actively at Work whilst on pre-arranged, authorised absence (statutory leave, maternity leave etc), unless medical evidence shows that they were suffering from an illness and/or injury which would have prevented them from satisfying the Actively at Work requirement.

Signed: …… **Date**: ……..

Full Name: ……
(Print in BLOCK CAPITALS)

Position in Company: ……

To be completed by the Employee:

Statement of Health:

I am not suffering from any medical condition. I am not currently awaiting referral to a medical practitioner or specialist/consultant and I am not awaiting the results of any tests or medical investigation.

I confirm that I have not had more than 10 working days absence through illness and/or injury during the last 12 months.

I confirm I have not had any application for Life Insurance declined, postponed or subject to an increased premium or other special terms.

(If you are unable to confirm any of the above, a full Personal Declaration form will be required. If you are in any doubt, please declare details in the space provided)

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Please Note:
You must inform us of any changes to your health or other circumstances during the period from completion of this form to us notifying the terms on which cover will be offered.

Important Notes

- Please note that information you provide on this form will be used to assess the risk involved in providing you with the proposed level of cover. If you are unsure whether a particular fact is important you should disclose it.

- Cover will not start until we have assessed and accepted the information you have provided on this form.

- It may be necessary for us to send your form and relevant medical reports to the underwriters, The Shepherds Friendly Society, or their reinsurers for their opinion or agreement of terms offered.

- Risk Assurance Management Limited has a confidentiality practice in place which means that your medical information is held securely and access is limited to authorised individuals who need to see it.

Statement of Practice on Genetics

In accordance with the Association of British Insurer's (ABI) policy on genetics and insurance, you do not need to tell us about any genetic test you have had if the proposed level of cover, taken with any other insurance cover you already have, totals £500,000 or less for life assurance.

Above these limits you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results which have been approved by the Government's Genetic and Insurance Committee for Insurers' use.

If you think this may apply to you, please ask for details of the current position. These details are also available from the ABI website: www.abi.org.uk.

You must tell us if you have a family history of, are experiencing symptoms of or are having treatment for a medical condition including any genetically inherited condition.

Data Protection

I understand that the use of any information provided by me for the operation of this insurance is for the process of underwriting, administration, claims management, handling customer concerns and the detection, prevention and investigation of fraud.

I understand that in order to do this the information may be shared with the underwriter (The Shepherds Friendly Society Limited), reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee's benefits arrangements provided by the Company in accordance with their Data Privacy Notice shown on their website: www.ram-ltd.co.uk/privacy and the underwriter's Privacy Notice: www.shepherdsfriendly.co.uk/privacy-policy.

I understand the data will be processed fairly and securely and the details will be stored in line with UK Data Protection Law and will not be kept longer than necessary.

I understand that the data I have provided in relation to this insurance will be processed in accordance with the requirements of the General Data Protection Regulation.

Personal Declaration

I hereby acknowledge and accept that if any of the statements made by me in this form are untrue or deliberately misleading, any payment of benefit may be declined.

I agree that a copy of this signed Declaration will be legally valid.

I understand that this form will be passed to or used by member companies of Risk Assurance Management Limited for the purpose of my insurance. This includes underwriting, processing, claims handling and fraud prevention, which could include passing details to agents of Risk Assurance Management Limited or other insurers. You may ask other insurers for information to check the information I have provided.

Signed: …… **Date**: ……..

Full Name: ……
(Print in BLOCK CAPITALS)

Risk Assurance Management Limited. Policies underwritten by The Shepherds Friendly Society Limited (FRN 109997)

Risk Assurance Management Limited is authorised and regulated by the Financial Conduct Authority (FRN 306891)

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Managing General Agents' Association

GRID Group Risk Development