



RISK
ASSURANCE
MANAGEMENT

Group Life Assurance

Early/Late Entrant Form

LLOYDS Risk Assurance Management Limited insurances arranged at Lloyd's

Risk Assurance Management Limited is authorised and regulated by the Financial Services Authority
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Scheme Name:

Policy Number:

Employee Name:

Employee Date of Birth:

Date First Eligible to Join Scheme :

Date of Joining Scheme :

Scheme Salary:

Scheme Benefit:

To be completed by the Employer

I confirm that was actively at work on
..... (Date of Joining Scheme)

Actively At Work means that the life insured was not only present at their place of work on the prescribed day but also mentally and physically capable of carrying out their normal regular duties associated with the job for which they are employed.

Signed: **Date:**

Full Name (print in block caps):

Position in Company:



To be completed by the Employee

Statement of Health:

I confirm I am in good health and 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.

(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 the details in the space provided).

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Important Notes:

- Please note that the information you provide on this form will be used to assess the risk involved in providing you with the proposed level of cover. All material facts must be disclosed since part or all of the benefit might be forfeited if relevant information were to be withheld. A material fact is one that is likely to influence the assessment and acceptance of your cover. If you are unsure whether a particular fact is material you should disclose it. You must not assume that we shall be asking your doctor for confirmation of what you have informed us.
- Cover will not start until we have assessed and accepted the information you have provided in this form.
- It may be necessary for us to send your form and relevant medical reports to the participating Lloyd’s Underwriters or their Reassurers for their opinion or agreement of the 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 authorized individuals who need to see it.
- You must inform us of any changes in your health or other circumstances during the period between this form being completed and in us notifying the terms on which cover will be offered.



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 together with any other insurance cover you already have, total:

- £500,000 or less for life assurance
- £300,000 or less for critical illness or income protection

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 us for details of the current position. These details are also available from the ABI website at www.abi.org.uk/consumer2/disclosure.htm.

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 Act 1998

I understand and consent to the use of any information provided by me for the operation of this insurance. This includes the process of underwriting, administration, claims management, rehabilitation and handling customer concerns.

I understand that in order to do this the information may be shared with other insurers, reinsurers, insurance intermediaries and service providers who are involved in either the operation of insurance which covers employees or the employee benefit arrangements provided by the company.

I understand the data will be processed fairly and securely in accordance with the Data Protection Act 1998 and the details will be sorted on computer but will not be kept for longer than necessary.

I confirm that the data in relation to this insurance has been obtained and passed to Risk Assurance Management Limited in accordance with the requirements of the Data Protection Act 1998 and confirm that I give my consent to forward such information to the insurer.

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 denied.

Copies of this 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 given.

Signed: **Date:**

Full Name (print in block caps):