



Policy No: ( )

## GROUP LIFE ASSURANCE

**This is to Certify** that in accordance with the authorisation granted under the Binding Authority Contract No. \_\_\_\_\_ to the undersigned by Certain Underwriters at Lloyd's, whose names and the proportions underwritten by them, which will be supplied on application, can be ascertained by reference to the said contract which bears the Seal of Lloyd's Policy Signing Office, in consideration of the premium specified herein, the said Underwriters are hereby bound, each for his own part and not one for another, their Heirs, Executors and Administrators, to insure in accordance with the terms and conditions contained herein or endorsed hereon. In order that this document may be issued, the Underwriters have entered into a Binding Authority Contract, reference number \_\_\_\_\_. This contract empowers an authorised officer on behalf of Risk Assurance Management Limited to sign and issue this document on behalf of Underwriters.

**Whereas the Policyholder** named in the Schedule has made to Underwriters a written proposal as stated in the Schedule, which proposal together with any statements, representation or declarations contained therein and otherwise made in connection with this contract shall be deemed to be incorporated herein and be the basis of the Contract and shall be relied upon in determining the Underwriters' assessment and acceptance of the Contract of Group Life Assurance.

**Now this Policy Witnesseth** that in consideration of the payment already made by the Policyholder of the premium stated in the Schedule and any subsequent premium(s) stated in the Schedule, and of the subsequent premium or premiums (if any) to be paid as thereby provided, we, the Underwriters will pay the Sum Assured mentioned in the Schedule to the Policyholder to whom the same is therein expressed to be payable under production of proof satisfactory to us of (1) the happening of the event mentioned in the Schedule and (2) the title of the persons or person claiming payment and (3) the correctness of the age of the person in respect of whom such amount becomes payable.

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**It is hereby agreed** and understood that:-

- (i) This Policy is issued to secure benefits provided under a registered occupational pension scheme.
- (ii) This Policy is issued to the Policyholder in accordance with the terms set out below and includes the attached Schedule and the Conditions and Definitions detailed in "GLA Policy Conditions and Definitions/02.09(3)" together with any amendments or alterations signed on behalf of the Underwriters (the "Policy").
- (iii) The Policyholder will have no beneficial interest in any benefits payable under this Policy which will be applied by the Policyholder in accordance with the Scheme.



- (iv) All monies payable under this Policy due to or from Risk Assurance Management Limited shall be made at its address at Chancery House, Leas Road, Guildford, Surrey, GU1 4QW or such other address as Risk Assurance Management Limited may notify to the Policyholder.
- (v) In this Policy, where appropriate, referral to the masculine shall include the feminine and the singular the plural.
- (vi) The Law of England and Wales shall govern this Policy and the Courts of England and Wales alone shall have jurisdiction in any dispute arising.

**In witness** whereof this Policy has been signed at the place and on the date specified in the Schedule by:

.....

Authorised Officer

For and on behalf of **Risk Assurance Management Limited**

under Binding Authority Contract No.

Address: Chancery House, Leas Road, Guildford, Surrey, GU1 4QW

Authorised and Regulated by the Financial Services Authority

Date: dd mm 2009

**PLEASE READ THIS POLICY CAREFULLY AND SEE THAT IT MEETS WITH YOUR REQUIREMENTS. PAY SPECIAL ATTENTION TO TERMS, CONDITIONS AND EXCLUSIONS. IF THIS ASSURANCE DOES NOT MEET WITH YOUR REQUIREMENTS THEN PLEASE CONSULT YOUR INSURANCE ADVISER.**



## **SCHEDULE**

### **Attaching to and forming part of Policy number:**

<b>Date of Proposal and Declaration:</b>	
<b>Type of Assurance:</b>	Group Life Term Assurance.
<b>Period of Cover:</b>	From: 00.01 hrs on the      day of      20 . To: 00.01 hrs on the      day of      20 .
<b>Scheme:</b>	
<b>Policyholder:</b>	The Trustees of the      Scheme.
<b>Employer:</b>	as more particularly defined in this Policy.
<b>Members:</b>	Eligible Employees of the Employer whose membership of the Scheme has commenced.
<b>Eligible Employees:</b>	All present and future Employees of the Employer who have attained the age of      years but who have not attained the age of      years as more particularly defined in this Policy.
<b>Sum Assured:</b>	The benefit in respect of each Member shall be      .
<b>Salary:</b>	Basic annual salary, including/excluding* any fluctuating emoluments such as overtime, commission or bonus at date of death/renewal date*.  (*delete as appropriate)
<b>Free Cover Limit:</b>	£
<b>Temporary Absence:</b>	Thirty consecutive months, from the first date of absence, in the event of illness or injury;  or  Twelve consecutive months, from the first date of absence, in the event of any other cause.



<b>Catastrophic Event Limit:</b>	The maximum Sum Assured payable on the occurrence of any one catastrophic event is limited to £ .
<b>Exclusions:</b>	N/A.
<b>Premium Rate:</b>	A unit rate of £ per £1,000 of Sum Assured.
<b>Rate(s) Guarantee Period:</b>	expiring at 00.01hrs on
<b>Commencement Date of Rate(s) Guarantee Period:</b>	00.01hrs on .
<b>Premium Frequency:</b>	
<b>Event upon which the Sum Assured is payable:</b>	The death of a Member during the Period of Cover.
<b>To whom payable:</b>	The Policyholder.
<b>Base Rate:</b>	The Base Rate Table is attached (delete as appropriate)

<b>Signed:</b>	<b>Date:</b>
<b>Authorised Officer</b>	
<b>Risk Assurance Management Limited</b>	
at the offices of Risk Assurance Management Limited	
Chancery House, Leas Road, Guildford, Surrey, GU1 4QW	

**Notices affecting this Policy must be sent in writing to the Company's Office at Chancery House, Leas Road, Guildford, Surrey, GU1 4QW or such other address as Risk Assurance Management Limited may have notified to the Policyholder.**