

Supplementary Group Life Policy Application Form



Please ensure that you complete all items in each section.

Please answer all questions in **BLOCK CAPITALS**, ticking boxes or circle where appropriate. If you have insufficient space please supply supplementary information as an attachment.

This form should be completed, signed by the client and returned to Unum before the Commencement Date of your policy(ies) or within 30 days of the Commencement Date if conditional cover is provided.

If information provided is incomplete or incorrect it may prejudice the payment of any claims.

1. Employer/Trustee details (the Policyholder)

Business name

Address

Postcode

Organisational type - Please tick

Private Limited Company (LTD)

Limited Liability Partnership (LLP)

Public Limited Company (PLC)

Partnership

Sole proprietor

Specify other

Registered address
(if different from above)

Postcode

Exact nature of employer's business

Name and natures of business for all associated or subsidiary companies included in the scheme
(please provide details on a separate sheet if necessary).

2. Benefit details (of new policy)

Commencement Date:

Scheme Name:

Description of Change to existing **Unum Policy number** :

Supplementary Relevant Life Policies needed to provide lump sum benefits in excess of:
the Lifetime Allowance (LTA) or % of the LTA.

Split of 'life only category' to a standalone group life scheme.

Members registering for LTA Protection being moved to a Non-registered group life scheme with an Excepted policy.

Other

3. Eligibility definition

Please provide a definition of eligibility for each separate category of employee.

Tick against which of the following applies:

a) Eligibility

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
i) All employees (including working directors)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) All employees (including working directors) who are members of the employer's pension scheme	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) All working directors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Other and variations (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Category <input type="checkbox"/>	<input type="text"/>		
	Category <input type="checkbox"/>	<input type="text"/>		
	Category <input type="checkbox"/>	<input type="text"/>		

b) Qualification

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
i) Service qualification	<input type="checkbox"/>	<input type="text" value="months"/>	<input type="text" value="months"/>	<input type="text" value="months"/>
ii) State minimum age of entry (e.g. 16, 18, 21)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iii) State maximum age of entry (e.g. 55, 59, 64)	<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
iv) Other and variations (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Category <input type="checkbox"/>	<input type="text"/>		
	Category <input type="checkbox"/>	<input type="text"/>		
	Category <input type="checkbox"/>	<input type="text"/>		

c) Entry

An eligible employee who meets the eligibility conditions becomes a member: Immediately At next Policy Accounting Date

4. Earnings definition

Please provide a definition of earnings for each separate category of employee.

Tick against which of the following applies:

	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>	Category <input type="checkbox"/>
i) Basic annual salary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ii) Gross earnings in the previous 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iii) P60 earnings in the previous tax year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
iv) Basic annual salary plus fluctuating emoluments received in the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
v) Equity partners - average annual net taxable earnings received in the previous three years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

vi) Other and variations (please specify)

Category <input type="checkbox"/>	<input type="text"/>
Category <input type="checkbox"/>	<input type="text"/>
Category <input type="checkbox"/>	<input type="text"/>
Category <input type="checkbox"/>	<input type="text"/>

vii) For benefit purposes, a change in a members earnings takes effects: Immediately At next Policy Accounting Date

5. Registered Group Life

Scheme Registration with HMRC (not applicable if Channel Islands or Isle of Man)

State by ticking one of the boxes below if you are participating in the Unum Life Assurance Master Plan (A) or using your own trust which is a Registered scheme.

Participating in Unum Life Assurance Master Plan (A) "LAMP(A)"

Note that to participate in LAMP(A) the policy must only cover lump sum benefits for PAYE taxed employees. Lump sum policies which include Schedule D taxed individuals cannot participate.

Each employer in the policy must have completed a Notice of Participation before cover starts for lump sum benefits to be paid through LAMP(A).

Using own Registered scheme and the details are:

Scheme Name

Pension Scheme Tax Reference Number (format 00 NNN NNN CC)

It is the responsibility of the policyholder to administer and maintain their Trust to meet the requirements for being Registered with HMRC.

Please refer to the Registered Group Life and Dependants Pension Policy Technical Guide which can be found on our website:

www.unum.co.uk/resources/group-business

6. Non Registered Group Life

It is the responsibility of the policyholder to administer and maintain their Trust for their Non Registered scheme.

Declaration of Basis

i) For Supplementary Relevant Life policies

We are applying for a Relevant Life policy (as defined in (b) of section 393B(4) of the Income Tax (Earnings and Pensions) Act 2003) for each member of the scheme and confirm the following 3 conditions by ticking this box:

1. Each policy is taken out to insure a liability of an established discretionary trust, for the benefit of members' dependants.
2. Benefits payable under a policy will be paid to the trustees.
3. The policy is not taken out with the main purpose of avoiding the payment of tax.

Please refer to the Supplementary Relevant Group Life Policy Technical Guide which can be found on our website:

www.unum.co.uk/resources/group-business

ii) For an Excepted Group Life policy

We are applying for an Excepted Group Life policy (as defined in section 480 of the Income Tax (Trading and Other Income) Act 2005) and confirm the following 4 conditions by ticking this box:

1. The policy is taken out to insure a liability of an established discretionary trust, for the benefit of members' dependants.
2. Benefits payable under a policy will be paid to the trustees.
3. No person whose life is insured under the policy may receive any death benefit in respect of another group member purely on the basis that they are one of the insured persons under the policy.
4. The policy is not taken out with the main purpose of avoiding the payment of tax.

Please refer to the Excepted Group Life Policy Technical Guide which can be found on our website:

www.unum.co.uk/resources/group-business

7. Declaration and Signature

Unum

The information you provide will be put on our database and used by Unum Limited who is the data controller, in making decisions about the provision of cover and servicing your relationship with us and for the purposes of identity verification, fraud prevention, audit, debt collection and claim verification.

We may conduct, or have conducted on our behalf, checks with external agents in connection with this application, when dealing with the policy applied for or to validate any claim. We or our agent may ask you for more information, or carry out further checks and searches when assessing your application, or at any time during the life of your policy/product for the purposes of fraud prevention and claim verification.

To help improve our service and in the interests of security we may monitor and/or record your telephone calls with us.

Policyholder declaration

I declare that these statements are true and complete. It is understood that no claim for benefit can be considered which occurred prior to the dates on which cover commences with Unum. This application for insurance is made subject to Unum's usual terms and conditions. It is understood that any cover will only be considered for eligible employees who are Actively at Work, where applicable, in their normal occupation at inception or any date of subsequent increase in benefit.

I consent to Unum seeking information from any other insurance office and authorise the giving of such information.

*** Policyholder authorised signatory:**

*** Intermediary authorised signatory for and on behalf of the Policyholder:**

* delete as appropriate

Signed

Date

Name (please print)

Position/Job Title

8. Customer Verification

This section of the form will allow us to assess whether the necessary Customer Verification checks have been made to comply with the Money Laundering Regulations 2007. Unum will accept an intermediary's own Customer Verification Form (or equivalent) provided it meets our minimum standard requirements. This section must be completed by the intermediary and returned to Unum before the first premium or deposit premium (if applicable) is paid.

- i) Will the Policyholder be paying the quoted premium for the quotations you wish to accept? Yes No

If NO: where the identity of the premium payer is different from that of the intended Policyholder please submit a further copy of the Customer Verification Form (UP778) available from www.unum.co.uk/resources/group-business in respect of the third party who is paying the premium.

If NO: What is the relationship between policyholder and premium payer:

- ii) Is the applicant a UK public limited company? Yes No

If YES: Name of stock exchange:

Date of check:

- iii) Is the applicant an entity regulated by either the Prudential Regulation Authority or the Financial Conduct Authority? Yes No

If YES: PRA /FCA Registration Number:

Date of check:

If you have answered YES to questions ii) or iii) and supplied the information requested, please go to the Intermediary Declaration in Section 9 of this form, otherwise complete **EITHER (A) Company search** Sections (i) or (ii) **OR (B) Other means of verification of business name and address** Sections (i) and (ii) or Sections (i) and (iii).

A. Company search

- i) I have performed a company search using the WebCheck service on the Companies House website at www.companieshouse.gov.uk and confirm that the Company Name and Registered office address match exactly the details provided at **Section 1** of this form. Yes No

Date of Companies House Check:

Company number:

Date of Incorporation:

Country of origin:

OR

- ii) I have performed a recognised organisational search and confirm that the Business Name and Business Address match exactly the details provided at **Section 1** of this form. Yes No

If YES, the name of the recognised search organisation I have used (e.g. Dun and Bradstreet)

Name:

Date:

8. Customer Verification continued

B. Other means of verification of business name and business address

i) We will accept the following to verify "Proof of business name" - Please tick

Partnership Agreement. (Details required: reference number, where held, date of agreement)

Copy of latest report and accounts. (Details required: reference number, name of accountant, date of issue)

Certificate of Trade. (Details required: reference number, name of issuer, date of issue)

Lawyer's/Accountant's letter confirming documents have been submitted to the relevant companies registry.
(Details required: reference number, name of firm & referee, date of issue)

Insert details required to evidence verification of business name:

AND

ii) We will accept the following to verify "Proof of business address"

I have visited my client's business premises

Yes

No

Date of visit:

Confirmation that business premises were entered:

Yes

No

OR

iii) We will also accept one of the following to verify "Proof of business address" - Please tick

Most recent mortgage statement showing current address. (Details required: name of lender, date of issue)

Current Local Authority Tax Bill. (Details required: name of authority, date of issue)

HMRC VAT notification. (Details required: VAT number, issuing office, date of issue)

Insert details required to evidence verification of business address:

9. Intermediary declaration

Signature of person who has seen the original documentary evidence of visited client's business premises:

Signature

Position/Job Title

Print name

Full name of firm

Date

FCA/PRA Registration Number

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