**Group Life Assurance**

Excepted Group Life Assurance Proposal Form

(For Schemes Participating in a Master Trust)

**PROPOSAL FORM**

**FOR EXCEPTED GROUP LIFE ASSURANCE**

**USING THE RISK ASSURANCE MANAGEMENT**

**EXCEPTED LIFE DEATH IN SERVICE MASTER TRUST**

**To: Risk Assurance Management Limited**

We confirm that we wish to insure the Benefit of our Death-in-Service Scheme under an Excepted Policy as defined in Section 480 of the Income Tax (Trading and Other Income) Act 2005 to meet the conditions set out in Sections 481 and 482 of that Act.

|  |  |
| --- | --- |
| **Quotation Ref No:** Click or tap here to enter text. | **Dated:** Click or tap here to enter text. |

|  |
| --- |
| **Name of Scheme:** Click or tap here to enter text. |

|  |
| --- |
| **Name of Principal Employer:** Click or tap here to enter text. |

|  |
| --- |
| **Address (including postal code):**  Click or tap here to enter text. |

|  |
| --- |
| **Companies House Registration No:** Click or tap here to enter text. |

|  |
| --- |
| **Names of any Participating Employers:** Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Commencement Date:** Click or tap here to enter text. | **Anniversary Date:** Click or tap here to enter text. |

|  |
| --- |
| **Intermediary for this Contract:** Click or tap here to enter text. |
| **Financial Services Registration No:** Click or tap here to enter text. |

|  |
| --- |
| **Address to which correspondence regarding this Contract is to be sent (including postal code):**  Click or tap here to enter text. |
| **Data Protection**  We understand that the use of information provided by us 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.  We 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 employee benefits arrangements provided by the Company in accordance with the Data Privacy Notice shown on Risk Assurance Management Limited’s website: [www.ram-ltd.co.uk](http://www.ram-ltd.co.uk).  We understand the data will be processed fairly and securely and the details will be stored on computer but will not be kept longer than necessary.  We 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 General Data Protection Regulation. |

|  |
| --- |
| **Declaration**  We hereby declare that the foregoing statements and details are correct and complete. We further confirm that the Contract will be subject to the provision of definitive membership data as applicable at the Commencement Date of the Contract and details of any other changes that have occurred between the date of the Quotation referred to and the Commencement Date.  We declare that we have made a fair presentation of the risk by disclosing all material facts\*, or by providing Risk Assurance Management Limited with sufficient information to put them on notice to make further enquiry to reveal any material facts, in accordance with Section 3 of the Insurance Act (2015).  \*A material fact in this context is a fact that is known, or ought to be known, by conducting a reasonable search for information and that would influence the decision on the terms and conditions (if any) of the insurance Risk Assurance Management Limited is prepared to offer. If you are unsure whether a fact is material or not you should disclose the full details. |

**For and on behalf of the Principal Employer:**

This form must be signed by duly authorised officers of the Principal Employer.

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

|  |  |
| --- | --- |
| **Signature:**    **Full Name (please print):**  Click or tap here to enter text.  **Position:**  Click or tap here to enter text.  **Date:** Click or tap here to enter text. | **Signature:**    **Full Name (please print)**  Click or tap here to enter text.  **Position:**  Click or tap here to enter text.  **Date:** Click or tap here to enter text. |

Please ensure all authorised signatories sign above; additional signatories can be added on the following page.

Please note that by not providing details of persons authorised to sign on behalf of the Principal Employer, claims settlement and/or amendments to the Policy may be delayed.

It is the responsibility of the Principal Employer to notify us if the authorised signatories change and failure to do so may delay claims settlement and/or amendments to the Policy.

**Additional Authorised Signatories**

This page should be used where there is not enough space provided above. It is essential to include the name and signature of each individual who may complete/sign forms and give instruction regarding this Scheme in the future.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

We hereby declare that the above named persons are authorised signatories on behalf of the Principal Employer.

We agree that a copy of this signed document will be legally valid.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Print Name:** |  | **Signature:** |  | **Position:** |
| Click or tap here to enter text. |  |  |  | Click or tap here to enter text. |

**Date:** Click or tap here to enter text.