

Group Income Protection Policy Proposal form

Zurich Corporate Risk

Employer name

Quotation reference

Date of quotation

Policy start date

Completing this form

Please complete the proposal form in BLOCK CAPITALS. If you are paying by direct debit, please also complete the instruction at the end. If you have any questions or need help completing this form, please contact your intermediary or contact us using the details below. The completed form should be sent to your intermediary or direct to us no later than 30 days after the policy start date.

You need to answer all questions in full to avoid delays in us dealing with your proposal form. If you're not sure whether information is relevant, please tell us anyway. If you need to provide more information please use the other information section at the end of this form.

Important notes

Please note that if you don't give us complete and accurate information this may affect the assessment and acceptance of any cover we offer or continue to offer.

If the information provided in this form is different from the information on which the quotation is based, we may need to revise or withdraw the quotation. We have the right to cancel the policy if you fail to give us the information we need. The basis of cover will be what has been agreed with your intermediary and subject to the policy terms and conditions. We will issue the full policy terms and conditions, when all of our requirements have been met. If you'd like to see a copy of the standard terms and conditions earlier, please contact us.

How to contact us

You can contact us on 0800 141 2002. Lines are open Monday to Friday, 8.30am to 6.00pm. We may record or monitor calls to improve our service. Alternatively you can email zcrhelppoint@uk.zurich.com or write to us at the address below:

Zurich Corporate Risk
PO Box 3512
Swindon
SN3 9AH
UK

Please complete all relevant sections and use the other information section at the end, if you need more space for your answers.

Details of the employer (in whose name the policy will be issued)

Full business name
(and trading name, if different)

What is the nature of the employer? Please tick the appropriate box.

Public limited company (plc)

Limited company (Ltd)

Limited liability partnership (llp)

Equity partnership

Sole trader

Charity

Other (please specify)

Companies House/Charity
registration number
(if applicable)

Registered address or main place
of business (including postcode)

Postcode

Full name(s) and home
address(es) of all equity
partners or sole trader
(including postcode)

Please provide full details of any
other participating employers
included in the policy.

Please complete all relevant sections and use the other information section at the end, if you need more space for your answers.

Industry and business activities

Occupations of members; please tick any boxes that apply:

Professional/Managerial/Executive

Sales reps/Service engineers

Clerical/Administration

Skilled, non-manual

Skilled, manual

Semi-skilled

Unskilled

Please do not include homeworkers in this section

Work locations of members
(please provide postcode)

Actively at work means that an employee has not received medical advice to refrain from work, is not absent from work or restricted from working due to illness or injury and is actively following their normal occupation. This means working at their normal capacity for the normal number of hours required by their contract, either at their normal place of business or at a location at which the business requires them to work.

Where the requirement to be actively at work refers to a particular day, which is not a working day, employees will be considered to be actively at work unless their medical records show that they were suffering from a medical condition which would reasonably have been expected to prevent them from working normally.

Actively at work requirements

If we have continued cover from a previous policy, please read section 1. Alternatively if this is new cover, please read section 2.

Section 1 – Transfer of cover from a previous policy

Cover will continue for members of the previous policy provided they are actively at work on the day before our policy starts.

Those not actively at work will only be covered from the day they return to active employment.

Any benefit that was not insured under the previous policy will be subject to our automatic acceptance limit and also to our actively at work requirements as specified below. Where benefits have previously been restricted or declined we will need further health and activities evidence before we can underwrite the additional cover.

Section 2 – New arrangements and benefits not previously insured

Our actively at work requirements depend on the number of members in the policy.

Basis A – For new policies with fewer than 20 members

Employees must be actively at work on the day cover starts. Those not actively at work must be actively at work for five consecutive working days before they are covered or provide evidence as we require.

Basis B – For new policies with 20 members or more

Employees must be actively at work on the day cover starts. Those not actively at work will be covered on the day they are next actively at work.

For all arrangements

Those on pre-arranged absence, for example, statutory leave (maternity or paternity leave) or holiday are considered to be actively at work. This will not apply if their medical records show that on the day when cover starts under the policy they were suffering from a medical condition which would reasonably have been expected to prevent them from working normally.

Data Protection

Zurich Assurance Ltd (Zurich) is the Data Controller in its capacity as insurer and holds all personal data in accordance with the Data Protection Act 1998 (DPA). The information you supply, including any Sensitive Data as defined in the DPA, may be used by Zurich for administration, business analysis and reporting, statistical and underwriting research and fraud prevention or to meet legal or regulatory requirements. It may also be shared with other Zurich Group companies, insurers, reinsurers, your intermediary and other third parties who may carry out work on Zurich's behalf. This may include countries outside the European Economic Area.

Zurich will pass the information about income protection insurance claims to the ABI so that they can make it available to other insurers. The ABI may pass on information held by other insurers to Zurich if we need this information.

Where information is transmitted electronically, we will make sure it is appropriately protected.

Zurich may also use the supplied information to advise you of other products and services offered by third parties or companies within the Zurich Group that may be of interest to you.

If you do not want the Zurich Group to use your information for the purposes of direct marketing, you must give us written notice at Zurich Corporate Risk, PO Box 3512, Swindon, SN3 9AH, UK.

Who must sign this proposal

This proposal must be signed by or on behalf of the employer:

- if the employer is a corporate body, by the duly authorised official(s) of that body.
- if the employer is a sole trader, partnership or other unincorporated organisation, by the sole trader, partners or any individual(s) authorised to sign on behalf of the employer.

Declaration and Signatures

I/We ask Zurich to issue a Group Income Protection Policy to the employer.

I/We declare that the information given in this form on behalf of the employer is true and accurate. I/We agree that this proposal and any statements or declarations made by me/ us, or any agent(s) of the employer or any other participating employer, or by the members included in the Policy to Zurich or any party connected to Zurich form the basis of the contract.

I/We declare that I/we have read and understood the actively at work requirements set out on page 4.

I/We have read the information relating to Data Protection and confirm that:

- I/We authorise you to process this proposal and use the information we provide;
- all the information passed to Zurich has been obtained in accordance with the DPA requirements, including those relating to obtaining individual consents to processing.

Please copy this page and return the relevant signed pages with this form, if there are more than three signatories.

Name	<input type="text"/>		
Signature	<input type="text"/>		
Capacity	<input type="text"/>		
Date	Day (dd) <input type="text"/>	Month (mm) <input type="text"/>	Year (yyyy) <input type="text"/>

Name	<input type="text"/>		
Signature	<input type="text"/>		
Capacity	<input type="text"/>		
Date	Day (dd) <input type="text"/>	Month (mm) <input type="text"/>	Year (yyyy) <input type="text"/>

Name	<input type="text"/>		
Signature	<input type="text"/>		
Capacity	<input type="text"/>		
Date	Day (dd) <input type="text"/>	Month (mm) <input type="text"/>	Year (yyyy) <input type="text"/>

Instruction to your bank or building society to pay by direct debit

Please fill in the whole form and send it to:
Zurich Corporate Risk, PO Box 3512, Swindon, SN3 9AH
Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

Service user number

8	3	8	8	2	1
---	---	---	---	---	---

Instruction to your bank or building society

Please pay Zurich Assurance Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Zurich Assurance Ltd and, if so, details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Signature(s)

Bank/building society account number

--	--	--	--	--	--	--	--	--	--

Branch sort code

--	--	--	--	--	--

Reference

--	--	--	--	--	--	--	--	--	--	--

Date

Banks and building societies may not accept direct debit instructions for some types of account

This is not part of the instruction to your bank or building society and must be detached by Zurich Assurance Ltd before submission to the paying bank.

Bank account holder declaration

I understand Zurich may use a reference agency for identification verification and fraud checking purposes.

Signature(s)

Scheme name

Policy number

If another company makes the payments on this plan, please confirm the registration number:

--	--	--	--	--	--	--	--	--

Date

This guarantee should be detached and retained by the payer

The Direct Debit Guarantee

- This guarantee is offered by all banks and building societies that accept instructions to pay direct debits.
- If there are any changes to the amount, date or frequency of your direct debit, Zurich Assurance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Zurich Assurance Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your direct debit, by Zurich Assurance Ltd or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when Zurich Assurance Ltd asks you to.
- You can cancel a direct debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Please let us know if you would like a copy of this in large print or braille, or on audio tape or CD.

Zurich aims to create a great reputation for service innovation, exceptional people and service delivery in the Corporate Risk market.
Zurich Corporate Risk – always working for your business