ZURICH®

Late entrant's health form

Group Life and Group Income Protection
(where membership is linked to a pension scheme)

The policyholder should read and complete this page only

If an employee is entering the policy up to 12 months from their first opportunity to do so and their benefit is below the automatic acceptance limit, they can be included in the policy subject to meeting the actively at work requirements for a new member.

This form should only be completed where:

- The employee's eligibility is linked to a pension scheme,
- They are entering the policy more than 12 months from their first opportunity to do so,
- They are currently 'Actively At Work' and
- Their benefit does not exceed the automatic acceptance limit.

If the employee's benefit exceeds the automatic acceptance limit or they are not actively at work, the employee must complete a health and activities form instead.

Employer name

Policy number

Automatic acceptance limit £

Employee name

Employee number

Employee's date of birth   D D M M Y Y Y Y

Date of first opportunity to join the pension scheme   D D M M Y Y Y Y

Salary on which benefits are to be based £

Category the employee is joining

Signed (on behalf of the Policyholder)

Date   D D M M Y Y Y Y

Name

Capacity

The employee should read and complete the rest of this form
Important notes for the employee

Introduction
Because you did not join the pension scheme at your first opportunity, you need to provide Zurich with details of your health by answering the questions in this form. Please send the completed form to The Chief Medical Officer, at the address shown in the section headed **How to contact us,** in a sealed envelope marked "Confidential Application Questions". Completion of this form does not guarantee that your application will be accepted. Before completing the form, please read these **Important notes** and the **Declaration**.

How to contact us
You can write to us at Zurich Corporate Risk, PO Box 3512, Swindon, SN3 9AH or, alternatively, call us on 0800 151 3003 between Monday to Friday 8.30am to 6pm. We may record or monitor calls to improve our service.

Answering the questions – your duty to take reasonable care
You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you don't answer the questions correctly we could restrict the amount of cover we provide or any claim may be rejected or not fully paid.

- When answering the questions we ask on this form, you must take reasonable care to ensure the information you provide is correct. So, you need to answer each question fully and truthfully.
- You must not assume that we will contact your doctor to obtain medical information.

'**Actively At Work**' means an employee who:

- 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 place where the business requires them to work.

If an employee becomes eligible to be included in the policy on a day that is not a working day, we will treat them as Actively At Work unless their medical record shows that they were suffering from a medical condition that would reasonably have been expected to prevent them working normally.

Declaration and consent
1a) Are you currently 'actively at work' as described in the definition? ☐ Yes ☐ No

If the answer to the above question is 'no' then you must complete and submit a full health and activities form.

If the answer to the question above is 'yes' and the benefit for Group Life is £250,000 or less, or for, Group Income Protection, your salary is £50,000 per annum or less, you can be included in the policy and you should complete the declaration and consent and return this form to us.

If the answer to 1a) is 'yes' and the benefit for Group Life is above £250,000 or for, Group Income Protection, your salary is above £50,000 per annum and below the Automatic Acceptance Limit you must answer the question below.

1b) Have you had less than 10 working days absence, in total, due to illness or injury in the previous 12 months? ☐ Yes ☐ No

If the answer to both questions 1a) and 1b) are 'yes' you can be included in the policy straight away and you should return this form to us. If any answer is 'no', you must complete a full health and activities form.

- I declare that the information and statements made in this form are to the best of my knowledge, true and complete.
- I consent to my information being passed to Zurich's Chief Medical Officer, to third party life reassurers and to third party administrators arranging medical examinations.
- I confirm that I have read this declaration and consent, together with the Important notes for the employee including the sections on Answering the questions – your duty to take reasonable care.
- I confirm that I have read the data protection statement included at the back of this form, which explains how the personal data I have provided will be used.
- I consent to my medical data being used in the way described.

By signing this declaration I agree to all of its contents.

Signed

Date D D M M Y Y Y Y

Name

🔒 Data protection statement

Zurich takes the privacy and security of your personal information seriously. We collect, use and share your personal information so that we can provide policies and services that meet your insurance needs, in accordance with applicable data protection laws.

The type of personal information we will collect includes: basic personal information (i.e. name, address and date of birth), occupation and financial details, health and family information, claims and convictions information and where you have requested other individuals be included in the arrangement, personal information about those individuals.

We and our selected third parties will only collect and use personal information (i) where the processing is necessary in connection with providing a quotation and/or contract of insurance; (ii) to meet our legal or regulatory obligations; (iii) where you have provided the appropriate consent; (iv) for our 'legitimate interests'.

It is in our legitimate interests to collect personal information as it provides us with the information that we need to provide our services more effectively including providing information about our products and services. We will always ensure that we keep the amount of information collected and the extent of any processing to the absolute minimum to meet this legitimate interest.

A full copy of our data protection statement can be viewed **here**.

How you can contact us

If you have any questions or queries about how we use your data, or require a paper copy of the statement, you can contact us via gbz.general.data.protection@uk.zurich.com or alternatively contact our Data Protection Officer at Zurich Insurance, Unity Place, 1 Carfax Close, Swindon, SN1 1AP.

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

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