

Group Income Protection Policy

On risk form

Intermediary company name

Intermediary contact name

Intermediary FCA number

Quote reference

Zurich Agency number

Completing this form

You can either complete this form online or by hand.

If you complete this form online, you need to use Acrobat Reader version 8 (or above) or Acrobat Professional version 6 (or above) to complete this PDF form. If you have an earlier version of Acrobat, you can download the latest version of Acrobat Reader free from <http://get.adobe.com/reader/>

If you complete this form by hand, please write in BLOCK CAPITALS.

You'll need to tick the appropriate box where the question asks you to choose an option. The options relate to information you've already given on the quotation request form, or on your own form, which we have confirmed is acceptable to us.

You need to answer all questions in full to avoid delays in us dealing with your request. 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.

To place cover with Zurich, this form needs to be completed and sent to us by email or post, using the contact details below. We must receive the completed form by 4.00pm on the working day before the cover start date.

Important notes

Please note that if you don't give us complete and accurate information, this may delay the assessment and acceptance of any cover we offer or continue to offer and could invalidate your policy or the benefits payable in respect of a member or lead to a claim not being paid in full or at all.

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.

You should read the relevant technical guide before completing this form. This is available on our website www.zurich.co.uk/corporate-risk

How to contact us

You can contact us on 0800 141 2002. Lines are open Monday to Friday, 9.00am-5.00pm. We may record or monitor calls to improve our service. Alternatively, you can email zcrquotes@uk.zurich.com or speak to your usual Zurich contact, or write to us at the address below:

Zurich Corporate Risk
PO Box 3512
Swindon
SN3 9AH
UK

For intermediary use only

Policy information

Date cover is to start

D	D	M	M	Y	Y	Y	Y
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Yearly revision date

D	D	M	M
---	---	---	---

Rate guarantee period (one, two or three years)

Commission rate

%

Premium frequency: (monthly, quarterly, half-yearly, yearly)

Payment method: (direct debit or electronic transfer)

Principal employer details

Full business name (and trading name if different)

Companies House/Charity registration number (where applicable)

Regular contact name and job title (for direct communication where appropriate)

Regular contact phone number

Regular contact email address

Registered address or main place of business

Postcode

Nature of principal employer (where not a Companies House registered entity)

Please name any participating employers you want to include in this policy, including their Companies House/Charity registration number (where applicable) Please note, any participating employers not listed will NOT be included until we have reviewed and agreed their inclusion.

Risk related information

1. Is this arrangement currently insured or self-insured?

☐ Yes, this arrangement is currently insured with:

**(go to question 2) or, if self-insured
(go to question 3)**

☐ No, **(please go directly to question 4)**

2. Have you given us full information of any members who have been restricted, declined, postponed or accepted on non-standard terms?

☐ Yes

☐ No, I have listed this separately

3. Have you given us full details of claims experience to date?

☐ Yes

☐ No, I have listed this separately

4. Have you given us full information of members currently absent through sickness or injury for a period of more than three months?

☐ Yes

☐ No, I have listed this separately

5. Have you given us full details of any members travelling to destinations against Foreign and Commonwealth Development Office (FCDO) advice as part of their normal duties, including the location and the frequency of travel?

☐ Yes

☐ No, I have listed this separately

6. Have you provided all the information we asked for in the quotation caveats?

☐ Yes

☐ No, I have listed this separately

Basis of risk

If any of the eligibility criteria are linked to membership of a pension scheme, please provide the following:

Pension scheme name:

Pension scheme eligibility (for example, joining date(s) and conditions)

Note: If the eligibility criteria are linked to more than one pension scheme please provide details in 'Other information'.

1. Category eligibility

Does the quotation accurately reflect the Category Eligibilities?

☐ Yes, (go to question 2)

☐ No, the correct eligibilities are:

Please provide clear descriptions of the categories which will make up the arrangement (for example, all employees, all head office employees, all managers).

Please refer to the category description by using the relevant reference number for the rest of this form.

Category reference	Category description
1	
2	
3	
4	
5	
6	

2. Entry Details:

Have you given us full entry details?

☐ Yes, go to question 3

☐ No, the correct entry details are:

Category reference	Minimum service requirement	Minimum entry age	Maximum entry age	Terminating Age	Entry date (daily/ annual/other)
1					
2					
3					
4					
5					
6					

3. Salary definition

Have you given us full details of the salary definition and when the salary can change under the policy?

- ☐ Yes, go to question 4
- ☐ No, the correct definitions are:

Category reference	Policy salary	Salary change rules (for example, updated at revision date, updated daily)
1		
2		
3		
4		
5		
6		

4. Benefit basis

Have you given us full details of the benefit basis?

- ☐ Yes, go to question 5
- ☐ No, the correct basis is:

Category reference	Percentage of salary or fixed amount	State benefit deduction (LTSIB, ESA, ESA+SC, Integrated ESA, none)	Pension contributions as a percentage of salary		Employer's National Insurance Contributions (contracted in/none)
			Employer	Employee	
1			%	%	
2			%	%	
3			%	%	
4			%	%	
5			%	%	
6			%	%	

Please refer to the 'Gross pay policies' section in the technical guide for an explanation of the state benefit abbreviations.

Category reference	Escalation percentage rate (none, 2.5%, 3% or 5%)	Is escalation limited to Retail Prices Index (RPI)? Yes or No	Definition of Incapacity (standard (own), suited, benchmark or combination)	Deferred period (8, 13, 26, 28, 41 or 52 weeks)	Deferred payment term (none, 2, 3, 4 or 5 years)	Lump sum option (none, 1, 2, 3 or 4 times salary)
1						
2						
3						
4						
5						
6						

5. Extended cover

Do you need extended cover beyond the terminating age?

- ☐ No
- ☐ Yes, on a compulsory basis
- ☐ Yes, but only for selected employees (subject to underwriting)

Extended cover stops on attainment of age:

(maximum age 70)

Have you given us full details of members who need cover beyond the selected terminating age?

- ☐ Yes
- ☐ No, I have listed this separately

Other information:

(Please use this sheet if you need more space).

Zurich Assurance Ltd

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We may record or monitor calls to improve our service.

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