

## Group Life Policy On Risk Form

### Section A – Completing this form & placing cover with Optimal

- **This form is to be completed and signed by the Financial Adviser.**
- Please use BLOCK CAPITALS.
- You need to answer all questions in full to avoid delays in us dealing with your request. If you are not sure whether information is relevant, please tell us anyway.
- If you need to provide more information, please use the additional information section at the end of this form.

To place cover with Optimal, please ensure you:

- Scan and email or fax this form to our office by 4.00pm prior to the commencement date.  
Email address:  
[enquiries@optimalprotection.co.uk](mailto:enquiries@optimalprotection.co.uk)  
Fax number: 0121-717-4751
- Complete a Terms of Business Agreement (if not already completed for Optimal).
- Provide inception data within 30 days of us commencing risk. This is to include: name, DOB, occupation, salary, and postcode and clearly identify any contract or temporary workers, discretionary members, members who require discretionary benefits or early or late entrants if applicable
- Provide us with the Group Trustee Application form and any other requirements requested by us within 30 days of the commencement date.

### Section B – Important notes

- 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.
- If you do not give us complete and accurate information, this may affect the assessment and acceptance of any cover we offer or continue to offer.
- Please do not cancel cover with the current insurer before we have received all of our On Risk requirements.

### Section C – Intermediary details

|                           |  |
|---------------------------|--|
| Intermediary company name |  |
| Intermediary contact name |  |
| Accepted quote number     |  |
| Commission %              |  |

### Section D – Scheme name, payment details commencement date

1. Full scheme name:

2. Premium frequency:

Please tick

|        |                          |         |                          |
|--------|--------------------------|---------|--------------------------|
| Annual | <input type="checkbox"/> | Monthly | <input type="checkbox"/> |
|--------|--------------------------|---------|--------------------------|

3. Rate guarantee:

Please tick

|                          |                                |
|--------------------------|--------------------------------|
| <input type="checkbox"/> | No rate guarantee required     |
| <input type="checkbox"/> | 2 year rate guarantee required |

4. Commencement date:

 /  / 

5. Annual anniversary date:

 /  /

### Section E – Employer details

|                         |  |
|-------------------------|--|
| Employer's name in full |  |
|-------------------------|--|

#### 1 a) Registered address :

|           |
|-----------|
|           |
|           |
|           |
|           |
| Postcode: |

#### 1 b) Trading address (if different from above):

|           |
|-----------|
|           |
|           |
|           |
|           |
| Postcode: |

#### 1 c) Companies House registration number:

|  |
|--|
|  |
|--|

#### 2. Nature of business including details of any hazardous occupations or working within dangerous environments:

|  |
|--|
|  |
|--|

#### 3. Are there any other employers (subsidiaries or associated companies) participating in the scheme?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

**If yes**, please list the registered name, address, Companies House number and nature of business of each:

|                 |  |
|-----------------|--|
| Employer's name |  |
| Address         |  |

|                    |  |
|--------------------|--|
| Postcode           |  |
| Registered no'     |  |
| Nature of business |  |

|                    |  |
|--------------------|--|
| Employer's name    |  |
| Address            |  |
| Postcode           |  |
| Registered no'     |  |
| Nature of business |  |

If you need to add further participating employers, please continue on the additional information section at the end of this form.

### Section F – Scheme history

#### 1. Please tick one of the following statements as appropriate:

|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | The scheme is currently insured or self-insured on an identical basis. Please complete all questions in this section |
| <input type="checkbox"/> | The scheme is currently insured or self-insured on a different basis. Please complete all questions in this section  |
| <input type="checkbox"/> | There is no existing scheme. Please complete questions 8, 9,10 & 11  |

#### 2. Name of current insurer:

|  |
|--|
|  |
|--|

#### 3. Please confirm the existing free cover limit:

|   |  |
|---|--|
| £ |  |
|---|--|

#### 4. Please confirm the temporary absence terms provided by the current insurer:

|  |
|--|
|  |
|--|

Section F - continued

5. Please confirm the scheme Cover Cease Age with the current insurer:

6. If the scheme is currently insured or self-insured on a different basis, please confirm the changes that are being made upon switching to us:

|    |  |
|----|--|
| 1. |  |
| 2. |  |
| 3. |  |

7. Have there been any claims in the last 5 years?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please provide number of claims per year and value of each claim:

8. If not previously insured, please confirm how many employee deaths there have been in the last 3 years:

9. Does the employer already have another group life policy insured with Optimal?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please confirm the scheme name:

10 a. Is this scheme:

Please tick:

|                          |                      |
|--------------------------|----------------------|
| <input type="checkbox"/> | A Registered scheme? |
| <input type="checkbox"/> | An Excepted scheme?  |

10 b. If a Registered scheme, does the employer wish to participate in the Optimal Master trust?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

**\*If yes, please go to section G.**

Please note: The employer will need to complete a Deed of Participation (this can be provided upon request or printed from our website). We will require the original signed deed to be posted to us.

**\*If no or if this is an Excepted scheme, please answer the rest of the questions in this section.**

11. If Registered, please provide the PSTR number.

12 a) Is there an existing trust in place?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

**\*If no, please answer question 13**

**\*If yes, please provide us with a copy of the trust** and also confirm the following:

12 b) What is the full scheme name as it appears on the establishing deed?

What was the date the trust was executed?

 /  / 

13. If there is not a current trust in place, would you like Optimal to provide you with a trust deed to complete?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

**\*Please note: We cannot assume risk without a trust in place**

## Section G – Risk related information

1. If the scheme is currently insured, have any members/eligible employees been:

- rated, or
- declined or postponed, or
- restricted to a free cover limit

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please provide further details below:

| Member's name | Gender M/F | Date of birth | Full underwriting decision including exclusions, percentage loadings, restrictions | How much of the member's benefit was the loading / restriction applied | Benefit on risk at date of switching to Optimal |
|---------------|------------|---------------|--|--|---|
|               |            |               |  |  |   |
|               |            |               |  |  |   |
|               |            |               |  |  |   |
|               |            |               |  |  |   |
|               |            |               |  |  |   |
|               |            |               |  |  |   |

2. Are there any members, who at the commencement date, have been absent from work due to illness or injury for a period of 3 months or more or members who are current or pending Group Income Protection claimants?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please provide further details below:

| Member's name | Gender M/F | Date of birth | Date first absent | Reason for the absence (nature of illness/injury) |
|---------------|------------|---------------|-------------------|---|
|               |            |               |                   |   |
|               |            |               |                   |   |
|               |            |               |                   |   |
|               |            |               |                   |   |
|               |            |               |                   |   |

3. Are any of the members / eligible employees seconded or resident outside the UK, Channel Islands or Isle of Man?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please provide further details below (please use the additional information section if more space is required):

| Name | Date of birth | Nationality | Country | Start of secondment or residence | Anticipated end date of secondment | UK contract of employment |
|------|---------------|-------------|---------|----------------------------------|------------------------------------|---------------------------|
|      |               |             |         |                                  |                                    |                           |
|      |               |             |         |                                  |                                    |                           |
|      |               |             |         |                                  |                                    |                           |
|      |               |             |         |                                  |                                    |                           |
|      |               |             |         |                                  |                                    |                           |
|      |               |             |         |                                  |                                    |                           |

## Section G - continued

4. Do any members / eligible employees travel on business outside the following countries? – UK, Channel Islands, Isle of Man, all other EU countries, Andorra, Australia, Canada, Gibraltar, Hong Kong, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA or the Vatican City.

Yes ☐ No ☐

If yes, please provide further details below:

| Name | Countries travelled to | Frequency & duration of visits to each country |
|------|------------------------|--|
|      |                        |  |
|      |                        |  |
|      |                        |  |
|      |                        |  |
|      |                        |  |

## Section H – Scheme details

1. Eligibility definition.

1 a) If the eligibility is linked to an employer's pension scheme, please confirm the following:

Pension scheme name:

Pension scheme eligibility (eg: joining dates, service requirement and other conditions):

Percentage take up rate of employees eligible to join the pension scheme (this is the number of employees who actually joined the pension scheme divided by the total number eligible multiplied by 100):

%

**Please note:** if we did not know this when producing the quotation, we may need to revise our quotation

1 b) Entry details and cover cease age

If Maximum age and/or cover cease age are linked to the State Pensionable Age please write SPA.

| Entry details   | Category 1 | Category 2 | Category 3 | Category 4 |
|---|------------|------------|------------|------------|
| Minimum service requirement                           |            |            |            |            |
| Minimum entry age                                     |            |            |            |            |
| Maximum entry age                                     |            |            |            |            |
| Cover cease age                                       |            |            |            |            |
| Entry date: daily/renewal date/other (please specify) |            |            |            |            |

1 c) If the cover cease age is over age 65 / SPA, is it compulsory for all members?

Yes ☐ No ☐

Section H - continued

**1 d)** Please provide a clear definition of eligibility for each separate category of employee. If you would like to include more than 4 categories, please photocopy this page and complete the additional details.

Please tick :

| Eligibility definition   | Category 1 | Category 2 | Category 3 | Category 4 |
|--|------------|------------|------------|------------|
| All employees including working directors  |            |            |            |            |
| All employees excluding working directors  |            |            |            |            |
| All working directors  |            |            |            |            |
| All managers   |            |            |            |            |
| All admin / white collar workers   |            |            |            |            |
| All Equity partners  |            |            |            |            |
| All employees (including working directors) who are members of the employer's pension scheme |            |            |            |            |

Other definitions:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**2. Benefit basis**

| Benefit basis  | Category 1 | Category 2 | Category 3 | Category 4 |
|--|------------|------------|------------|------------|
| Multiple of salary   |            |            |            |            |
| Fixed amount   |            |            |            |            |
| Minimum benefit (if applicable)                              |            |            |            |            |
| Maximum benefit (if applicable)                              |            |            |            |            |
| Benefit increases: daily/renewal date/other (please specify) |            |            |            |            |

**Please note:** For an Excepted policy, the same method is to be used for calculating ALL Excepted benefits otherwise separate policies will be required.

Section H - continued

**3 a) Earnings definition**

| Salary definition   | Category 1 | Category 2 | Category 3 | Category 4 |
|---|------------|------------|------------|------------|
| Basic annual salary at date of claim                                    |            |            |            |            |
| Basic annual salary at the annual anniversary date                      |            |            |            |            |
| Gross earnings in the previous 12 months                                |            |            |            |            |
| P60 earnings in the previous tax year                                   |            |            |            |            |
| Basic annual salary + fluctuating emoluments averaged over last 3 years |            |            |            |            |
| Non-PAYE taxed (eg Equity partners) averaged over the last 3 years      |            |            |            |            |

Other salary definitions:

|  |  |  |  |  |
|--|--|--|--|--|
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**3 b) Are any of the earnings in the table below to be included in the earnings definition?**

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please complete the table below:

|                          | Category 1 | Category 2 | Category 3 | Category 4 |
|--------------------------|------------|------------|------------|------------|
| Taxable benefits in kind |            |            |            |            |
| Taxable bonuses          |            |            |            |            |
| Profit related pay       |            |            |            |            |
| Directors fees           |            |            |            |            |
| Commission               |            |            |            |            |

**3 c) Does salary sacrifice apply?**

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, does it apply to all members?

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

\*If it applies to specific members only, please provide details on the additional information page.

**3 d) What do the sacrificed amounts represent?**

|  |  |
|--|--|
| Pension contributions*                         |  |
| Childcare vouchers                             |  |
| Other, please specify including % sacrificed*: |  |

\*The amount being sacrificed may require us to revise our quotation

**3 e) Does an earnings cap apply?**

|     |  |    |  |
|-----|--|----|--|
| Yes |  | No |  |
|-----|--|----|--|

If yes, please state the cap amount:

|   |  |
|---|--|
| £ |  |
|---|--|

## Section H - continued

4. Of the categories of employees who are eligible to join the scheme, what percentage have taken up membership?  % **Please note:** we do not offer voluntary or discretionary schemes.

5. Are members insured under this scheme to be insured elsewhere for the same type of benefit?

|     |                      |    |                      |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

If yes, please provide full details:

|              |
|--------------|
| <br><br><br> |
|--------------|

## Section I – Additional covers & requirements

1. Are any of the following additional covers required?

| Type of cover   | Yes                  | No                   |
|---|----------------------|----------------------|
| Redundancy cover for 2 years  | <input type="text"/> | <input type="text"/> |
| Early retirement cover  | <input type="text"/> | <input type="text"/> |
| Temporary absence cover for 3 years any cause   | <input type="text"/> | <input type="text"/> |
| Temporary absence cover to Cover Cease Age for illness/injury, 3 years any other reason | <input type="text"/> | <input type="text"/> |

Please note: If any of these covers differ from the basis of our quotation we will need to revise our quotation

2. Please check the following –

2 a) Have you provided all the information we asked for in the quotation additional information and requirements section?

|     |                      |    |                      |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

If no, this will delay us in dealing with your request

2 b) Is the membership data that was provided for the quotation correct as at the commencement date of the policy?

|     |                      |    |                      |
|-----|----------------------|----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> |
|-----|----------------------|----|----------------------|

If no, we will need the correct data within 30 days of us commencing risk.

2 c) Have you supplied copies of the current insurer's acceptance terms for members who have been underwritten for whom we are accepting on a no worse terms basis?

|     |                      |    |                      |     |                      |
|-----|----------------------|----|----------------------|-----|----------------------|
| Yes | <input type="text"/> | No | <input type="text"/> | N/A | <input type="text"/> |
|-----|----------------------|----|----------------------|-----|----------------------|



