

Proposal Form

PO Box 1411
Sunderland
SR5 9RB

www.metlife.co.uk

Thank you for taking out a Group Income Protection policy with MetLife. This proposal form validates information you have provided to us as part of the quotation, and confirms the basis on which we are providing you cover.

If you have any questions or require help in completing the proposal form, please contact your financial intermediary.

Please read the information below carefully before completing this proposal form.

This proposal form is for a Group Income Protection Policy with MetLife Europe d.a.c., trading as MetLife. The proposal form must be completed and signed by an individual authorised to act for and on behalf of the policyholder. It is important that you answer all of the questions on the proposal form fully, truthfully and accurately. If you do not, this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim or even invalidating the policy entirely.

The proposal form, once completed, signed and dated, should be returned to your financial intermediary, who must return it to MetLife within 30 days of MetLife assuming risk. The proposal form can be returned to MetLife either by post or by email. Our postal address is PO Box 1411, Sunderland, SR5 9RB, and our email address is eb@metlife.uk.com.

If you have any questions or require help in completing the proposal form, please contact your financial intermediary.

We request that MetLife assume cover for the Group Income Protection Scheme named overleaf in accordance with the standard policy terms and conditions provided with:

Quotation No.

Quotation date (ddmmyyy)

We understand that the above quotation is subject to the information supplied by us in response to MetLife's underwriting questions. We understand that if any material facts supplied by us in this proposal form affect the premium rate detailed in the quotation above, a new quotation will be issued. We also understand that MetLife will not assume risk, until it has received written confirmation that their underwriting criteria have been satisfied.

Section 1 - Employer details

Please complete in block capitals

Organisation name(s)

Registered address

City

Postcode

Country

Trading address

Same as Registered address

City

Postcode

Country

Company registration number (if applicable)

Scheme name (Leave blank if same as employer)

Section 2 - Scheme details

This section must be completed even if there is no existing scheme

Please tick one of the following statements as appropriate:

The scheme is currently insured or self-insured on an identical basis - Please complete all questions.

The scheme is currently insured or self-insured on a non-identical basis - Please complete all questions.

There is no existing scheme - complete questions c and d.

We declare that the information provided and / or any assumptions set out in the final quotation in respect of:

a. the history of the existing group income protection scheme is true, accurate and complete.

Yes No (if 'No', please state why)

b. the claims history is true, accurate and complete.

Yes No (if 'No', please state why)

c. Any members, eligible employees and / or eligible partners that:

- have been declined cover;
- had cover postponed;
- had cover restricted to a certain benefit level;
- had an exclusion applied or for whom an additional premium has been required following medical underwriting; and
- any members, eligible employees and / or eligible partners currently being medically underwritten are true, accurate and complete.

Yes No (if 'No', please state why)

d. Any members / eligible employees / eligible partners based overseas or any members / eligible employees / eligible partners travelling overseas for business purposes, are true, accurate and complete.

Yes No (if 'No', please state why)

Section 3 - Basis of benefits and eligibility

We declare that the information provided and / or any assumptions set out in the final quotation in respect of the basis of benefits and eligibility of the MetLife Group Income Protection policies on-risk or to go on-risk as part of this proposal form and supplied as part of the quotation request, are true, accurate and complete.

Yes No (if 'No', please state why)

When received, please check the policy schedules issued in respect of the MetLife Group Income Protection policies on-risk accurately reflect the required basis of benefits and eligibility, as this is the basis on which cover is provided. In the event of any inaccuracies, please contact MetLife immediately.

Section 4 - Actively at Work Declaration

This refers to this policy proposal

This Actively at Work Declaration must be completed for a scheme which is:

- a new scheme or a scheme switching on a non-identical basis; and
- has fewer than 20 eligible employees and / or eligible partners.

Actively at work means, in relation to an employee employed by the employer or a partner of the employer at any relevant date, that they have not received medical advice to refrain from and are actively engaged in or are otherwise following their normal occupation on that date. **Actively** means the employee or partner is, in the opinion of the insurer, mentally and physically capable of working their normal contracted number of hours, either at their usual place of business or at the location to which business requires them to travel.

Absence from work does not include holidays, maternity, paternity and adoption leave, or any other authorised leave to be approved by the insurer.

a) Did any eligible employees and / or eligible partners not satisfy the actively at work definition (see above) due to sickness or accident:

- on the last working day before the commencement date; and
- for 10 or more working days in the previous 60 days before the commencement date?

Yes No

b) If Yes, please provide details:

Name	Cause	Dates of absence from / to	Benefit £
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Important information

- Any eligible employee and / or eligible partner listed above will not be granted cover until satisfactory evidence of health is received and they are accepted by MetLife.
- If the above Declaration does not have to be completed, please refer to the policy technical guide in respect of the Actively at Work requirements that will apply.

Section 5 - Authorised signatories

An authorised signatory is an individual, usually an executive, who has been given authority to sign documents and forms on behalf of the policyholder of the policy(ies).

For completion of claims and policy documentation please provide a minimum of 2 authorised persons or signatories. In the event you only supply 1 authorised person, this may delay cover being provided or a claim being paid if they are not available at the time to sign the relevant forms.

Name Signature date (ddmmyyyy)

Signature Position

Name Signature date (ddmmyyyy)

Signature Position

Name Signature date (ddmmyyyy)

Signature Position

Name Signature date (ddmmyyyy)

Signature Position

Section 6 - Data Protection and Declaration

Data Protection

MetLife is the data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife's Privacy Notice. MetLife's Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife's Privacy Notice is available on our website, www.metlife.co.uk.

Declaration

We declare that the answers we have provided to MetLife's underwriting questions, whether in this proposal form or otherwise, are substantially true, accurate and complete. We understand that if they are not, then this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim, invalidating the policy entirely, and MetLife retaining the policy premium.

We have read the MetLife Privacy Notice and we note and understand the purposes for which personal data will be stored and processed by MetLife and with whom the data may be shared or transferred. We warrant that personal data provided to MetLife for the purposes of the policy is provided in accordance with all applicable data protection laws.

We consent to MetLife seeking and obtaining information from any insurance company on proposals for Group Income Protection cover that we have made. We will provide MetLife with medical evidence and confirmation of age if they request it. We will also notify MetLife of the details of all future members of the scheme no later than the review date following those members satisfying the eligibility conditions.

We confirm that it is not MetLife's responsibility to advise on the way in which any particular scheme operates or is taxed.

We confirm that an electronic copy of this proposal form has the same validity as the original.

We declare that the individual signing this proposal form has authority to act for and on behalf of the policyholder.

Signature

Position

Signature date (ddmmyyyy)

Name of authorised signatory

For and on behalf of

metlife.co.uk

Products and services are offered by MetLife Europe d.a.c. which is an affiliate of MetLife, Inc. and operates under the "MetLife" brand.

MetLife Europe d.a.c. is a private company limited by shares, registered in Ireland under company number 415123. Registered office at 20 on Hatch, Lower Hatch Street, Dublin 2, Ireland. UK branch office at Invicta House, Trafalgar Place, Brighton BN1 4FR. Branch establishment number: BR008866. MetLife Europe d.a.c. (trading as MetLife) is authorised and regulated by Central Bank of Ireland. Authorised by the Prudential Regulation Authority. Subject to regulation by the Financial Conduct Authority and limited regulation by the Prudential Regulation Authority. Details about the extent of our regulation by the Prudential Regulation Authority are available from us on request.

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For every moment, there's  **MetLife**