

Flexible Benefits Proposal form

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Sunderland
SR5 9RB

0800 917 2111
www.metlife.co.uk

MetLife Group Life Flexible Benefits are provided and underwritten by MetLife Europe d.a.c., which trades as MetLife.

The proposal form must be completed by the policyholder. Please write clearly, sign, date and return the proposal form to your financial intermediary. The proposal form must be returned to MetLife by the financial intermediary during the quotation guarantee period. If you have any questions or require help in completing the proposal form please contact your financial intermediary.

Please read this warning carefully.

You are under a duty to make a fair presentation of the risk, to be insured by us (MetLife) under this group policy, when providing information to us and by completing this proposal form. You must disclose to us:

- every material circumstance relating to the insurance, which you know, or ought to know by conducting a reasonable search by making enquiries, or by any other means, of information available to you whether held within your organisation or by your insurance broker or financial intermediary; or
- give sufficient information to put us on notice to make further enquiries of your organisation.

A circumstance or representation is material if it would influence us in our decision on whether to offer insurance cover or the terms on which cover is offered. Circumstances include any communication made to, or information received by, your organisation and include matters you suspect and which you would have knowledge of but for you deliberately refraining from confirming or making enquiries about them.

The disclosure of material circumstances must be reasonably clear and accessible to MetLife. Matters of fact must be substantially correct and any material representation as to a belief or expectation must be made in good faith. A representation may be corrected or withdrawn before the insurance cover commences.

If you deliberately, recklessly, or otherwise, fail to comply with the duty of fair presentation before insurance cover commences, the insurance cover provided under the policy may be void, the policy premium may be retained by us and it may result in a claim for benefit being rejected or any benefit payable in respect of a claim being reduced.

Section 1 - Employer details

Please complete in block capitals

Organisation name(s)

Registered address

| | | | | | | | | | |
|------|---------|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| City | Country | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------|---------|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Trading address

| | | | | | | | | | |
|------|---------|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| City | Country | Postcode | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|------|---------|----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|

Company registration number (if applicable)

Scheme name (Leave blank if same as employer)

Type of organisation (e.g. limited company, partnership, charity etc.)

Name of any subsidiary(ies) or associated company(ies) to be covered under this scheme (if applicable)

Nature of trade or business carried out by the employer (please describe the activities of the company)

Nature of the occupations of current members

Section 2 - Details of the Flexible Benefits Scheme

This section must be completed even if there is no existing Flexible Benefits Scheme

Please tick one of the following statements as appropriate:

- The Group Life cover provided by the Flexible Benefits Scheme is currently insured with 1 or more insurers or self-insured on an identical benefit basis (please complete all questions).
- The Group Life cover provided by the Flexible Benefits Scheme is currently insured with 1 or more insurers or self-insured on a non-identical benefit basis (please complete all questions).
- There is no existing Flexible Benefits Scheme in place (please complete questions a, b, c, h and i).

a. Implementation date

b. Quotation reference

c. Where Registered Group Life benefits are required, please supply the Pension Scheme Tax Reference ('PSTR') (this must be completed if you are not participating in the MetLife Master Trust)

d. Current Group Life insurer(s)

e. Current Group Life Free Cover Limit

f. We declare that the claims history supplied as part of the quotation request process is true, accurate and complete.

- Yes No (if "No", please state why)

g. We declare that the information provided in respect of any members' / eligible employees' / eligible partners' benefits that have been rated, declined, limited to a free salary level or free cover limit under a previous employer-sponsored group life scheme supplied as part of the quotation request is true, accurate and complete.

- Yes No (if "No", please state why)

h. We declare that the information provided in respect of current or pending Income Protection claims, and any scheme members / eligible employees / eligible partners that have been absent from work for more than 90 continuous days, supplied as part of the quotation request is true, accurate and complete.

- Yes No (if "No", please state why)

i. We declare that the information provided in respect of any members / eligible employees / eligible partners based overseas or who travel overseas for business purposes supplied as part of the quotation request is true, accurate and complete.

- Yes No (if "No", please state why)

Section 3 - Basis of benefits

Please select the benefit basis required. A maximum MetLife Group Life benefit of up to 10 x salary can be selected. If you require further categories, please use a separate sheet.

Category name

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Minimum policy benefit

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Default policy benefit

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Maximum policy benefit

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Policy benefit limit / cap or salary limit / cap

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Number of benefit steps permitted during benefit selection periods and following lifestyle events

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Effective date of increased policy benefit following lifestyle event

(policy benefit can be a multiple of salary (e.g. 4 x salary) or a lump sum (e.g. £100,000))

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Definition of salary (if multiple of salary chosen)

Category 1 (e.g. Directors)

Category 2 (e.g. Managers)

Category 3 (e.g. Staff)

Examples:

1. Basic annual salary at review date coinciding with or preceding the date of claim
2. Basic annual salary at the date of claim
3. P60 earnings
4. Another definition previously agreed with the insurer MetLife.

If left blank, example 1 will be used.

Section 4 - Eligibility

If you require further categories, please use a separate sheet.

Minimum entry age (age attained)

Category 1

Category 2

Category 3

Maximum entry age (at next birthday)

Category 1

Category 2

Category 3

Termination age (age attained)

Category 1

Category 2

Category 3

Benefit selection period each year (i.e. for existing members) – From

Category 1

Category 2

Category 3

Benefit selection period each year (i.e. for existing members) – To

Category 1

Category 2

Category 3

Exact eligibility conditions (including service qualification period). Please confirm exact eligibility conditions to the pension scheme, if applicable.

Category 1

Category 2

Category 3

When can eligible employees / eligible partners enter the Flexible Benefits Scheme? (e.g. on their joining date)

Category 1

Category 2

Category 3

The scheme is to be Compulsory Linked to the pension scheme membership

Take-up rate of employees and / or partners eligible to join the pension scheme (%)

Category 1

Category 2

Category 3

Where policy benefit is in excess of the free cover limit or other amount as agreed by MetLife and underwriting is required (check one box only)

- Temporary cover applies in respect of the policy benefit being underwritten
- Policy benefit is restricted to the free cover limit or other amount as agreed by MetLife whilst the policy benefit is being underwritten

Were any of the following coverages quoted?

- Redundancy cover
Redundancy cover period (in months)

- Early retirement cover

Are the above currently insured? (If "Yes" please provide details) Yes No

Section 5 - Commencement and declaration

We understand that:

- the quotation issued by MetLife, and referred to at 2b. on page 3, is subject to the information supplied by us in response to MetLife's underwriting questions;
- if any material facts supplied by us in this Flexible Benefits proposal form affect the premium rate detailed in the quotation, MetLife will re-rate and re-underwrite the Flexible Benefits Scheme and a revised quotation may be issued; and
- MetLife will not assume risk until we have received written confirmation that their underwriting criteria have been satisfied.

Commencement date, accounting and payment of premiums

Requested commencement date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

(assumed 1 year after the commencement unless stated)

Requested review date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

MetLife will confirm in writing the date cover has commenced. This date cannot be backdated.

Accounting basis required (please tick one box only).

Details of the different accounting methods are set out in the MetLife Group Life Technical Guide.

- Simplified administration in respect of full policy benefit
- Simplified administration in respect of policy benefit equal to or less than the default policy benefit, and full administration in respect of policy benefit greater than the default policy benefit

Declaration

This declaration should be given by a member of the organisation's senior management or the person who is responsible for procuring or arranging insurance on the organisation's behalf.

We declare that we have complied with the duty of fair presentation and have disclosed to MetLife every material circumstance relating to the insurance, which we know, and we have conducted a reasonable search of information available to us. The answers we have provided to MetLife's underwriting questions, whether in this form or otherwise, are substantially true, accurate and complete. We understand that if we deliberately, recklessly, or otherwise, fail to comply with the duty, the cover under the policy may be void from the start and it may result in the policy premium being retained, a claim for benefit being rejected or any benefit payable in respect of a claim being reduced by MetLife.

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(ies) is provided in accordance with all applicable data protection laws.

We consent to MetLife seeking information from any insurance company to which a proposal for Group Life cover has been made and we authorise the giving of such information.

We understand that we must notify MetLife of any change in the answers to the above questions and information supplied before the insurance cover(s) commence(s).

We acknowledge and understand that it is not MetLife's responsibility to advise on and confirm the way in which any particular scheme operates, or with regard to the tax treatment of a particular scheme and whether it meets the registered criteria of HM Revenue and Customs.

We declare that details for the inclusion of all future members of the scheme will be notified to MetLife no later than the review date following those members satisfying the eligibility conditions.

We give permission for MetLife to put on-risk new policies and terminate existing policies in response to the changing benefit basis of the employer's Group Life Flexible Benefits Scheme. We understand that we will be notified in writing of policy terminations and provided with policy schedules in respect of new policies.

We agree to furnish such medical evidence and confirmation of age satisfactory to MetLife as may be requested from time to time.

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

I confirm that the individual signing this declaration is also an authorised signatory.

Name of authorised signatory

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Signature

Position

For and on behalf of

Section 6 - Authorised signatories

For completion of claims and policy documentation please provide a minimum of 2 authorised persons.

Name

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Position

Name

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Position

Name

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Position

Name

Signature

Date

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

Position

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.

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