

# Proposal Form

Invicta House,  
Trafalgar Place,  
Brighton BN1 4FR

0800 917 2111  
www.metlife.co.uk

Thank you for taking out a Group Life 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 Life 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 Invicta House, Trafalgar Place, Brighton BN1 4FR, 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 Life Scheme named overleaf in accordance with the standard policy terms and conditions provided with:

Quotation No.

Quotation date (ddmmyyyy)

D D M M Y Y Y Y

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.

MetLife put on-risk the Group Life policies requested. In the event an additional or a different policy needs to be put on-risk, we let your intermediary know to ensure you're happy to proceed. Once all required information has been received, policy schedules are issued, which confirm what policies are on-risk.

This MetLife Group Life proposal form is in respect of:

MetLife Registered Group Life policy      Yes      No      If yes, please state how many:

MetLife Excepted Group Life policy      Yes      No      If yes, please state how many:

MetLife Single Life Relevant Life policy      Yes      No      If yes, please state how many:

Where Registered Group Life benefits are required, are the benefits to be provided by (one option must be ticked yes):

a. Your own registered pension scheme?      Yes      No

If yes, supply the Pension Scheme Tax Reference ('PSTR'):

or

b. The MetLife Registered Master Trust?      Yes      No

Where Excepted Group Life benefits are required, are the benefits to be provided by the MetLife Excepted Master Trust?      Yes      No

If the benefits are to be provided by a MetLife Master Trust, please ensure you complete, sign and return an Employer Admission Form immediately following the MetLife Group Life policy going on-risk.

## Section 1 - Employer details

Please complete in block capitals

Organisation name(s)

Registered address

Postcode

Trading address

Postcode

Registration number (if applicable)

Scheme name (Leave blank if same as employer)

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## 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 with 1 or more insurers or self-insured on an identical benefit basis (please complete all questions).

☐ The 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 scheme (please 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 claims history are true, accurate and complete.

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

b. 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 are true, accurate and complete.

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

- c. any scheme members / eligible employees / eligible partners (including current or pending Income Protection claims) that have been absent from work for more than 90 continuous days, supplied as part of the quotation request are true, accurate and complete.

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

- d. any members / eligible employees / eligible partners based overseas or who travel overseas for business purposes supplied as part of the quotation request are true, accurate and complete.

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

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### 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 Life 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 Life 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.**

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### Section 4 - Extensions to cover

Extensions to cover are set out in the policy terms and conditions, and if selected, enable the continuity of cover for individual members under particular circumstances.

The extensions to cover available are:

- Redundancy cover; and
- Early retirement cover.

We declare that the information provided in respect of the extensions to cover for the MetLife Group Life policies on-risk or to go on-risk as part of this proposal form as set out in the final quotation, is true, accurate and complete.

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

Section 5 - Actively at Work Declaration(s)

Definition

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.

Actively at Work Declaration requirements

A separate Actively at Work Declaration must be completed for:

- each MetLife Registered and / or Excepted Group Life policy with fewer than 20 members as at the commencement date of the policy or that is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members; and
  - each individual to be insured by a MetLife Single Life Relevant Life policy unless the Actively at Work requirement has been waived as a result of a linked policy.
- If you require additional Actively at Work Declaration forms please contact your financial intermediary or MetLife.

MetLife Registered and / or Excepted Group Life policies

- Policies with fewer than 20 members - any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will not be covered until satisfactory evidence of health is received and they are accepted for cover by MetLife. An Actively at Work Declaration must be completed.
  - Policies with between 20 and 49 members - any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will be covered when they return to work and are Actively at Work for at least 5 consecutive working days.
- An Actively at Work declaration is not required; satisfaction of the Actively at Work requirements will need to be demonstrated in the event of the death of an insured member and a claim being submitted, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.
- Policies with 50 or more members - an eligible employee or eligible partner is covered under the policy from the commencement date regardless of whether they are Actively at Work or not. An Actively at Work declaration is not required, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.

MetLife Single Life Relevant Life policies

An Actively at Work Declaration must be completed unless the Actively at Work requirement has been waived as a result of a linked policy.

Actively at Work Declaration for a MetLife Registered Group Life policy

Did all eligible employees and / or eligible partners meet the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes

No

If no, please provide details:

Name	Cause	Dates of absence	Benefit £
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Actively at Work Declaration for a MetLife Excepted Group Life policy

Did all eligible employees and / or eligible partners meet the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes

No

If no, please provide details:

Name	Cause	Dates of absence	Benefit £
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Actively at Work Declaration for a MetLife Single Life Relevant Life policy

Did the employee or member satisfy the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes

No

If no, please provide details:

Name	Cause	Dates of absence	Benefit £
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	
		D D M M Y Y Y Y	

Section 6 - 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) i.e. the employer or a UK trust.

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)

D D M M Y Y Y Y

Signature

Position

Name

Signature date (ddmmyyyy)

D D M M Y Y Y Y

Signature

Position

## Section 7 - Data Protection and Declaration

### Data Protection

MetLife is a 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](http://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 Life 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.

Name of authorised signatory

Signature date (ddmmyyyy)

D D M M Y Y Y Y

Signature

Position

For and on behalf of

0800 917 2111

[ebnewbusiness@metlife.uk.com](mailto:ebnewbusiness@metlife.uk.com)

[metlife.co.uk](http://metlife.co.uk)

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