

Proposal Form

Invicta House,
Trafalgar Place,
Brighton BN1 4FR

0800 917 2111
www.metlife.co.uk

For policies with policy commencement dates of January 2016 onwards

MetLife Group Life policies 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 within 30 days of MetLife assuming risk. 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 A representation may be corrected or withdrawn before the insurance cover commences.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.

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	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state how many:	<input type="text"/>
MetLife Excepted Group Life policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state how many:	<input type="text"/>
MetLife Single Life Relevant Life policy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please state how many:	<input type="text"/>

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 Master Trust? ☐ Yes ☐ No

If the benefits are to be provided by the MetLife Master Trust, please ensure you complete, sign and return a Deed of Participation immediately following the MetLife Registered Group Life policy going on-risk.

Section 1 - Employer details

Please complete in block capitals

Organisation name(s)

Registered address

City

Country

Postcode

Trading address

City

Country

Postcode

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 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. 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 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)

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.

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;
- Early retirement cover; and
- Late 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 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.

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	

MetLife 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.

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	

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 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 £								
<input type="text"/>	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>
D	D	M	M	Y	Y	Y	Y				
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<input type="text"/>	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table>	D	D	M	M	Y	Y	Y	Y	<input type="text"/>
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.

<div>Name</div> <div><input type="text"/></div>	<div>Date</div> <div><table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></div>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<div>Signature</div> <div><input type="text"/></div>	<div>Position</div> <div><input type="text"/></div>								
<div>Name</div> <div><input type="text"/></div>	<div>Date</div> <div><table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></div>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<div>Signature</div> <div><input type="text"/></div>	<div>Position</div> <div><input type="text"/></div>								
<div>Name</div> <div><input type="text"/></div>	<div>Date</div> <div><table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></div>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<div>Signature</div> <div><input type="text"/></div>	<div>Position</div> <div><input type="text"/></div>								
<div>Name</div> <div><input type="text"/></div>	<div>Date</div> <div><table><tr><td>D</td><td>D</td><td>M</td><td>M</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr></table></div>	D	D	M	M	Y	Y	Y	Y
D	D	M	M	Y	Y	Y	Y		
<div>Signature</div> <div><input type="text"/></div>	<div>Position</div> <div><input type="text"/></div>								

Section 7 - Commencement and declaration

We hereby request that MetLife assume cover for the above named group life scheme in accordance with the policy terms and conditions provided with:

Quotation No.

Dated

D	D	M	M	Y	Y	Y	Y
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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 we have received written confirmation that their underwriting criteria have been satisfied.

Commencement date and payment frequency

Requested commencement date

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

Requested review date

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

(assumed 1 year after the commencement unless stated)

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

Frequency with which premiums will be paid ☐ Annual ☐ Bi-annually ☐ Quarterly ☐ Monthly

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 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 MetLife Group Life cover has been made and we authorise the giving of such information.

We confirm that we have notified MetLife of any change in the answers given to MetLife before the insurance cover commenced.

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 criteria (whether registered, excepted or relevant) 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 agree to furnish such medical evidence and confirmation of age satisfactory to MetLife as may be requested from time to time.

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

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

Name of authorised signatory

Date

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

Signature

Position

For and on behalf of

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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