

# Group Critical Illness



## Risk details form

Accepted quote reference

In order to place cover with Canada Life, please make sure you

- fax or send this form to our Bristol office in advance of the commencement of risk. The latest we can accept instruction to go on risk is 4.00pm on the day before risk is to commence.
- use **BLOCK CAPITALS** where possible. You may attach a separate sheet showing the requested information.

If you do not complete all the required fields, we may not be able to assume risk on the intended day.

### Section A – Intermediary details

Your FSA number

### Section B – Employer details

Principal employer's  
registered name  
and address  
including postcode

Principal employer's Companies House registration number

Companies House registration numbers  
for any other employers included

### Section C – Confirmation of current insurance and claims experience

The scheme is currently insured or has been insured in the last 12 months.

If 'Yes', please complete the rest of this section, otherwise proceed to the next section.

Yes  No

Name of previous insurer

There have been no claims in the last 5 years

There have been further claims, which I have not told you about, which I have set out separately

You have been given full information on all claims to date

**Note that if there are additional claims, we may increase the cost shown in the quotation.**

### Section D – Pension scheme take up rate

This section should only be completed if cover is required for pension scheme members only.

Take up rate  
%

The take up rate is the number of pension scheme members divided by the number of employees eligible to join the scheme, multiplied by 100.

**Example:** 25 pension scheme members and 10 people who have opted out of the pension scheme.  
Total eligible = 35 and take up rate is  $25/35 \times 100 = 71.4\%$

# Group Critical Illness



## Section E – Confirmation of additional requirements

Please refer to our quotation before completing this section. We are unable to assume risk until all additional requirements have been confirmed. Please tick the correct boxes.

	There are no members in this category	Full information has been given to you and this has not altered	There is new information which I have set out separately
<b>E1</b> Members in receipt of disability benefit or absent through sickness or injury for a period of greater than three months.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E2</b> Members who have been restricted, declined, postponed or accepted on non standard terms.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>E3</b> Members who are resident outside the UK.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Actively at work requirements apply to insured schemes where there are fewer than 50 lives and to previously uninsured schemes and are shown in the technical guide.

We reserve the right to amend or withdraw our quotation if there are members who have not been underwritten on standard terms or there are any long term absentees, that you have not told us about.

Cover is not available for employees working outside the UK.

<b>E4</b> Any other information requested under the 'Additional Requirements' section of your quote	No further requirements shown <input type="checkbox"/>	I have set out the details separately <input type="checkbox"/>
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## Section F – Scheme information

Scheme name

Commencement date      /      /

Annual revision date each year (day/month)      /

Commission rate      %

Payment frequency:      Monthly       Annually

Unit rate (if applicable)      %

Annual cost      £

### F1 Scheme eligibility

If there are different benefits for different categories of employee, please supply clear eligibility definitions for each category. Please tick correct boxes.

Is the eligibility 'All employees'? If 'No', please specify the eligibility below.      Yes       No

Eligibility

# Group Critical Illness



## F2 Entry ages, service requirement and age at which cover ceases

Standard cease age is usually the normal expected retirement age. If cover is required beyond this please also complete the Extending cover cease age (max 70).

Minimum age to join scheme

Maximum age to join scheme

Minimum service requirement

Standard cease age

Extending cover cease age

Do employees join the scheme on the first day they meet the age and service requirements? If 'No', please specify below.

Yes  No

Scheme joining date

If extending cover is required, please let us know further details as follows:

Extending cover is automatic for all members (select 'No' if discretionary)

Yes  No

Extending cover is already in place (select 'No' if this is a new feature)

Yes  No

A new retirement age has been agreed and documented with the employee(s)

Yes  No

## F3 Pension scheme membership

Is the scheme **only** open to pension scheme members?

Yes  No

If 'No', are different benefits provided for pension scheme members?

Yes  No

If the answer to either of these questions is 'Yes', please enter the pension scheme name below

Pension scheme name

Is the pension scheme eligibility and entry criteria the same as in F1 and F2?

If the answer is 'No', please give the pension scheme eligibility and entry criteria below.

Yes  No

## F4 Benefit basis

Please enter the benefit basis, for example 2 x salary

## F5 Insured illnesses and permanent total disability (PTD)

Core illnesses only

Core plus additional illnesses

PTD is not insured

PTD is insured on Own occupation basis

PTD is insured on Suited Occupation basis

PTD is insured on Activities of Daily Living basis

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## F6 Spouse's and children's cover

Children's cover is insured

Children's cover is not insured

Spouse's cover is not insured

Spouse's cover is insured without PTD

Spouse's cover is insured with PTD on 'ADL' basis

## F7 Salary definition

If the definition is basic salary, please tick the relevant box, or complete the box below.

Basic annual salary at the date of incapacity

Basic annual salary at the annual revision date

Other (please specify)

Does salary sacrifice apply? If 'Yes', please give details of the salary sacrifice arrangement below or on a separate sheet.

Yes  No

If 'Yes', is this cover already provided?

Yes  No

Further information:

Please return the completed form by fax (0117 925 4490) or post prior to the commencement date, to our Bristol office below:

Our forms are available to download from our website: [www.canadalife.co.uk/group](http://www.canadalife.co.uk/group)

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