

Ill health liability insurance plan for local government pension schemes



To be completed by the policyholder. Please send this form to Group Protection Benefits Team, Legal & General Assurance Society Ltd, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL.

Local government pension scheme:
Policyholder's name:
Plan number:

1 About the member

Title: Mr/Mrs/Miss/Ms/Other:
Surname:
Forename:
Date of birth (DD/MM/YYYY):

D	D	M	M	Y	Y	Y	Y

2 Tiers of benefit

There are three tiers of ill health benefit and each can be paid without reduction due to early payment. In addition, tiers 1 and 2 offer enhancements to the level of benefit payable.

1. An illness or injury where the member is permanently incapable of obtaining gainful employment before reaching their normal retirement age.
2. An illness or injury where the member is not capable of obtaining any gainful employment within three years of leaving employment with the employer, but is likely to be able to do so before reaching their normal retirement age.
3. No enhancement if there is an immediate likelihood of gainful employment. Three-year maximum term but can become a 'tier 2'.

2.1 Under which of the tiers described above is the application being made?
2.2 Please state the 'Strain Cost Calculation (Claim Amount)' that you are requesting.

£

3

Policyholder's bank details for claim payment

Account name:

Account number:

Sort code:

Bank or Building Society:

Address:

Postcode:

Account name														
			-			-								
Bank or Building Society														
Address														

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Declaration

Legal & General will disclose, when necessary, the information to other companies within the Legal & General group of companies, reinsurance companies, regulatory bodies, law enforcement agencies, future owners of our business and suppliers we engage to process data on our behalf. Where necessary Legal & General will share the information with other insurance companies to prevent fraudulent claims.

Given the global nature of Legal & General's business, it may be necessary to transfer the information to countries outside of European Economic Area in order to provide Legal & General's services.

We confirm that we have the member's explicit consent, or have other legal basis, to provide the information contained in this form to Legal & General and any further information (including medical or health information) that is required as a result of this notification.

Signed:

X

Name:

Date

D D M M Y Y Y Y

Job title:

Please return this form by printing, signing and posting to Group Protection Benefits Team, Legal & General Assurance Society Ltd, Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL.

Alternatively, you can type your name in the signature box and submit by secure email.

Contact us



0345 072 0751

We may record and monitor calls. Call charges will vary.



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legalandgeneral.com/workplacebenefits



Group Protection, Legal & General Assurance Society Limited,
 Knox Court, 10 Fitzalan Place, Cardiff CF24 0TL