

ILL HEALTH LIABILITY INSURANCE PLAN FOR LOCAL GOVERNMENT PENSION SCHEMES.

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To be completed by the policyholder. Please send this form to Group Protection Benefits Team, Legal & General Assurance Society Ltd, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU.

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)

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

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank or building society

Address

Postcode

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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4 DECLARATION

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

Signed

Name

Date (DD/MM/YYYY)

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Job title

Please return this form by printing, signing and posting to Group Protection Benefits Team, Legal & General Assurance Society Ltd, Legal & General House, Kingswood, Tadworth, Surrey KT20 6EU.

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

CONTACT US

0845 072 0758 We may record and monitor calls. Call charges will vary.

groupprotection.benefitsmanagement@landg.com
legalandgeneral.com/workplacebenefits

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Legal & General Assurance Society Limited
Registered in England No. 00166055
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