

This form will take you through the information we need according to the change (or changes) you wish to make to your client's policy. Please follow the instructions at the foot of each page to see which sections of the form you should complete. (Unless the changes you wish to make are very complex, you will not have to fill in details on every page).

Client name:

Policy number:

Is the policy, on which the the change is being requested, linked to any other Ellipse policy? Y / N
If so, please detail the policy numbers below:

Please describe the change required

Is the change to apply to the policy as a whole or just to specific categories?

Whole policy Specific categories

If only specific categories are affected, please state which they are (either the category numbers or their descriptions)

Does the change result in any new members not previously covered by the policy now being covered?

YES NO

If they have been covered under a previous arrangement, please go to page 2. If not, skip pages 2 and 3 and go straight to page 4.

Client name:

Policy number:

When a policy change includes new members covered by a previous arrangement

Claims experience of the incoming group. If you prefer, you can attach this separately but please ensure it includes the information shown below. If you do not have five years of claims experience, please give us as much as you have.

If **lump sum** benefits are insured, please show the claims experience for these here.

Policy year start date	Number of lives	Total benefit	Number of claims	Value of claims
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

If **pension** benefits are insured, please show the claims experience for these here.

Policy year start date	Number of lives	Total benefit per annum	Number of claims	Value of claims per annum
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>
<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>	<input style="width: 100%; height: 20px;" type="text"/>

Have any of the members now joining the scheme been underwritten for group life cover under their previous scheme with the result that cover was declined, restricted or postponed?

YES NO

If yes, please go to the next page. If no, please skip page 3 and go straight to page 4.



Policy change request

Client name:

Policy number:

Member underwriting decisions

Please provide details of any members who have been underwritten with the result that cover was declined, restricted or postponed.

	Date of birth	Gender	Benefit underwritten	Decision
Member 1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 5	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 6	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 7	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 9	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 10	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 11	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 12	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 13	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 14	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Member 15	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If any new categories of member are required, please go to the the next page. If not, skip pages 4, 5 and 6 and go straight to page 7.

Client name:

Policy number:

Membership categories

If existing categories do not need amending and no new categories are required, please skip this and the next two pages and go straight to page 7. Otherwise, please enter the details of the first amended/new category below. Use the following two pages for up to two further categories, as required. If more than three categories need amending or setting up, please provide further details on a separate sheet.

Category name

Eligibility

Minimum entry age

Maximum entry age

Age cover ceases

Definition of salary

Benefit basis - lump sum

If members of this category are entitled to pension benefits, please provide the following details.

Benefit basis (inc
escalation, if any)
dependant's pension

Benefit basis (inc
escalation, if any)
children's pension

Definition of
dependants

If there are any further categories affected, or to add, please go to the next page. Otherwise, skip pages 5 and 6 and go straight to page 7.

Client name:

Policy number:

Membership categories

Second category name

Eligibility

Minimum entry age

Maximum entry age

Age cover ceases

Definition of salary

Benefit basis - lump sum

If members of this category are entitled to pension benefits, please provide the following details.

Benefit basis (inc
escalation, if any)
dependant's pension

Benefit basis (inc
escalation, if any)
children's pension

Definition of
dependants

If there are any further categories affected, or to add, please go to the next page. Otherwise, skip page 6 and go straight to page 7.

Client name:

Policy number:

Membership categories

Third category name

Eligibility

Minimum entry age

Maximum entry age

Age cover ceases

Definition of salary

Benefit basis - lump sum

If members of this category are entitled to pension benefits, please provide the following details.

Benefit basis (inc
escalation, if any)
dependant's pension

Benefit basis (inc
escalation, if any)
children's pension

Definition of
dependants

If there any further categories affected, or to add, please include a separate sheet with the details. Please tick this box to show there is extra information provided.

Now, please continue to the next page.

Client name:

Policy number:

Updated travel and absences information

Travel

How many members covered by the policy as a whole travel to any of these countries?
Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Egypt, Eritrea, Iraq, Lebanon, Libya, Mali, Mauritania, Niger, Pakistan, Palestine, Somalia, South Sudan, Syria, Tunisia, Yemen.

How many members covered by the policy as a whole work offshore??

Absences

Please answer the appropriate question below, according to the number of members covered by the policy as a whole.

If the policy as a whole covers 50 OR FEWER MEMBERS: Are there any employees who are currently absent from work and have been for 1 week or more, or who have retired early, due to illness or injury?

YES

NO

If the policy as a whole covers 51 TO 500 MEMBERS: Are there any employees who are currently absent from work and have been for 4 or more consecutive weeks, or who have retired early, due to illness or injury?

YES

NO

If the policy as a whole covers 501 OR MORE MEMBERS: Are there any employees who are currently absent from work and have been for 12 or more consecutive weeks, or who have retired early, due to illness or injury?

YES

NO

If you have answered 'yes' to the question applying to the number of members covered, please provide details of the absentees in the table on the following page. Otherwise, skip page 8 and go straight to page 9, the final page.

Client name:

Policy number:

Details of absentees

	Date of birth	Sex	£ Salary	£ Benefit	Category	Date first absent	Cause of absence
Member 1							
Member 2							
Member 3							
Member 4							
Member 5							
Member 6							
Member 7							
Member 8							
Member 9							
Member 10							

Updated membership data

Please provide updated membership data. Either use our data template, which you can download from our website at http://www.ellipse.co.uk/our_services/online-quotes/member_data_for_quotes or ensure that all the following information about each member is included in your data.

Name

NI number

Date of birth Gender

Salary

Benefit

Workplace

postcode Country of

residence Category

And now

Save this form and email it with your membership data, and any additional items you have indicated will be attached, to policychange@ellipse.co.uk

If we require any additional information we will contact you within two working days. Otherwise, a policy change form will be produced and sent to you for your client to sign. If the policy rate table is affected by the change we will also supply a new quotation.

If your client is happy to proceed on the terms set out in the policy change form (and in our quote, if one has been supplied), the policy change form should be signed and returned to us – a scanned copy sent to us at policychange@ellipse.co.uk is sufficient. The change will then apply from the date indicated in the form or, if that date has passed, at midnight on the day we receive the form.

Please note that no change to a policy will take effect until we have received a signed policy change form, and that changes to policies cannot be backdated.

Ellipse is the trading style of the UK Branch of ERGO Lebensversicherung Aktiengesellschaft, which is registered in England. Registration Number: BR010594. Registered office: 15 Bermondsey Square, London SE1 3UN. ERGO Lebensversicherung Aktiengesellschaft is authorised by BaFin (the German Federal Supervisory Authority), registration number 1184 and is subject to limited regulation by the Financial Conduct Authority. Details of the extent of our regulation by the Financial Conduct Authority are available upon request.