**Cushon Master Trust**

**Group Life Assurance**

**Employer Application Form**

**Please complete this form in full. We may need to contact you for further information if all sections are not completed.**

|  |
| --- |
| **1. EMPLOYER DETAILS** |
| Company Name |       |  |
| Address |       |  |
|  |       |  |
|  |       |  |
|  |       | Post Code |       |  |
| Phone Number |       |  |
| Total No of Employees on PAYE |       |  |
| Date Joined Pension Scheme |       |  |
| PAYE Reference |     /       |  |
| Companies House Registration No |       |  |
| Business Sector |       |  |
|  |  |

|  |
| --- |
| **2. LEVEL OF COVER** |
| No of Employees to be covered at |  |  |
| £25,000 |       |  |
| £50,000 |       |  |
| £100,000 |       |  |
|  |  |

|  |
| --- |
| **3. CONTACT DETAILS** |
| Primary Contact Name[[1]](#footnote-1) |       |  |
| Primary Contact Email Address |       |  |
| Primary Contact Telephone No |       |  |
|  |  |  |
| Authorised Online User Contact Name[[2]](#footnote-2)(If different from above) |       |  |
| Authorised Online User Email Address |       |  |
| Authorised Online User Telephone No |       |  |
|  |  |  |

**DECLARATION**

Cushon Master Trust (the “Scheme”) was established by a Definitive Deed and Rules dated 3 February 2017 which, as amended from time to time, governs the Scheme (“Trust Deed and Rules”). This application form and declaration is subject to the Trust Deed and Rules.

The Participating Employer declares that subject to the approval and acceptance of this application by the Trustees of the Cushon Master Trust (the “Trustees”), and Cushon MT Limited (the Company), with effect from the Date of Participation it will discharge the duties and obligations imposed upon it as a Participating Employer under the Trust Deed and Rules in respect of Group Life cover.

The participating employer declares that it shall (please tick)

[ ]  Comply with the Trust Deed and Rules and will provide the information listed in Appendix 1 and Appendix 2 in writing to the Trustees

[ ]  Provide anything else as required or considered necessary by the Trustees, the Company and the Insurer

[ ]  Accept and understand that this is an employer funded benefit. Therefore, premiums for Group Life Assurance are paid by the employer and NOT deducted from employees’ salaries.

In signing this document, the participating employer accepts that this deed and any dispute or claim arising out of or in connection with the adherence of the participating employer to the Scheme shall be governed by and construed in accordance with the law of England and Wales. The courts of England and Wales shall have exclusive jurisdiction to settle any dispute or claim that arises out of or in connection with this deed.

This application form and declaration has been executed and delivered as a deed and once approved and accepted by the Trustees, Company and Insurer, takes effect from the date of approval.

Signed as a deed and delivered when dated on behalf of the participating employer by two Directors or by one Director and the Company Secretary:

|  |  |  |  |
| --- | --- | --- | --- |
| a | Name |       |  |
|  | Signature |       |  |
|  | Position |       | Date |       |  |
|  |  |  |  |
| b | Name |       |  |
|  | Signature |       |  |
|  | Position |       | Date |       |  |
|  |  |

**The Trustees of the Cushon Master Trust**

**Cushon 5007**

**Lytchett House**

**13 Freeland Park**

**Wareham Road**

**Poole**

**Dorset BH16 6FA**

**Email: employerhelp@cushon.co.uk**

1. The Primary Contact is the most senior contact within the employing organisation. [↑](#footnote-ref-1)
2. The Authorised Online User is the day-to-day contact within the employing organisation and is authorised to access the employer’s Online Account. [↑](#footnote-ref-2)