

## TPT Retirement Solutions

# Life Assurance Cover

Members of TPT Retirement Solutions' defined contribution pension schemes have been given a set level of life assurance cover, as determined by each participating employer.

The cost of providing life assurance cover is paid in addition to the monthly contributions that your organisation pays to the scheme, which is explained in the 'How much does life cover cost?' section.

### **Annual opportunity to change the level of cover provided**

Each year your organisation has the option to change the level of life assurance cover for its active employees.

You can select a level of life assurance cover. Alternatively, you may wish not to provide any life assurance cover at all.

Should you wish to change the level of life assurance cover provided, please complete the Life Assurance Decision Form and return it to TPT Retirement Solutions by 31 August in the year of change. The new level of cover will apply from 1 October in the year of change.

**If you do not wish to change the level of life assurance cover you currently provide, then you do not need to complete the decision form.**

\*Please be aware that the maximum level of cover available is limited to any free cover limits imposed by our insurance provider.

## TPT Retirement Solutions

# Life Assurance Decision Form

Employer Name: .....

Employer Number: **E** .....

This form is used to change the level of life assurance cover your organisation chooses to provide under the Scheme.

The cost of providing life assurance cover is paid in addition to the monthly contributions that your organisation pays to the Scheme.

**Please indicate the new level of life assurance cover the employer wishes to provide (with effect from 1 October in the year of change) by ticking the appropriate box below.**

☐ The employer wishes to provide life assurance cover of ..... x salary

Please enter the multiple of salary required

☐ The employer does not wish to provide any life assurance cover.

## Signed on behalf of the employer

Signature: .....

Full Name: .....

Position: .....

Date: .....

Please send this Decision Form to TPT by **31 August** in the year of change. Please email a scanned version of the form to: [lifeassurance.renewals@tpt.co.uk](mailto:lifeassurance.renewals@tpt.co.uk).

Or post the form to: Professional Services, TPT, Aire Park, 5th Floor, 3 South Brook Street, Leeds LS10 1FT.

### Important

Members must keep their death benefit nominations up to date at all times via their online account.