



# Employee Life Cover from B&CE

## Application form

**For construction employers who would like to offer financial protection for employees by providing employee life cover**

[This form is an editable pdf. Simply save your own copy and then complete the form.](#)

If you have any questions please call 01293 586666.

## Section 1: About you

### 1.1 Your company details

Company name	
Address	
Town	
County	
Postcode	
Company registration number (if applicable)	
Do you belong to any federation/ trade associations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If 'yes', please state which	
Are you associated with a company that is currently a customer of B&CE?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know
If 'yes', please state name of associated company	

### 1.2 Your contact details

Title (Mr/Mrs/Ms/Other)	
Full name	
Position	
Direct telephone number	
Mobile telephone number	
Direct email address	

### 1.3 Admin account contact details (if different)

Title (Mr/Mrs/Ms/Other)	
Full name	
Position	
Direct telephone number	
Mobile telephone number	
Direct email address	

## Section 2: About your employee benefits

If you operate the CIJC (Construction Industry Joint Council) Working Rule Agreement, you'll need to provide accident cover and life cover to your operatives as part of the Agreement. Employee Accident Cover from B&CE (EAC) and the Employee Life Cover from B&CE (ELC) are available to help you fulfil this obligation. You'll also need to provide pension benefits.

B&CE's The People's Pension has been nominated by CIJC as the preferred pension scheme to satisfy the CIJC requirement to provide pension benefits for operatives employed under CIJC terms. Please contact us for details of this scheme.

Use this form to join ELC. The amounts shown below are correct as at December 2020. The costs are reviewed from time to time and may be increased. We will let you know about any changes in advance.

Which month do you wish the benefits to start:  
(Please note this cannot be in arrears.)

### Employee Life Cover from B&CE

This scheme is designed to meet the demands and needs of an employer wishing to provide their employees with life cover.

Under ELC, B&CE gives you the opportunity to provide various levels of cover for different categories of employees. The life cover available is:

Life cover level	Life cover provided*	Weekly cost breakdown	Weekly cost per employee
x1 (Standard)	£40,000 in the event of death of an employee (£80,000 in the event of accidental death at work)	£1.26 (Life cover) 12p (Admin fee)	£1.38
x2 (Double)	£80,000 in the event of death of an employee (£160,000 in the event of accidental death at work)	£2.39 (Life cover) 12p (Admin fee)	£2.51
x3 (Triple)	£120,000 in the event of death of an employee (£240,000 in the event of accidental death at work)	£3.52 (Life cover) 12p (Admin fee)	£3.64

\*This may be lower in the case of ill health or unemployment.

Please define your membership categories below, ensuring you define the category against the correct level of ELC to be provided for that category in the following table:

Membership category criteria** (Please define your membership categories eg 'all employees' or 'all managers', or 'all employees with over 1 years' service')	Life cover to be provided under ELC	Multiples of life cover
	E	x1 (Standard)
	K	x2 (Double)
	L	x3 (Triple)

\*\*Please see the 'ELC Technical Guide' for Employers for more information.

#### Please note:

- at least 95% of all eligible employees that you employ in each of the groups described above must be covered in the relevant category
- where more than one category is being established, each one must contain a minimum of 5 employees
- only employees who are 'actively at work' are eligible to join the scheme. That means they must be in fully active employment, physically and mentally able to perform all the duties associated

with their normal job on the day the cover is due to start. Employees must not have been absent from work due to an accident or ill health in the 4 weeks before cover is to start. They must also not have reduced their working hours because of an accident or ill health in the last 3 months before cover is due to start. You must confirm you have no knowledge of the employee having been diagnosed with a terminal illness (an illness where the expectation of life is less than 1 year from the date of diagnosis).

### Section 3: Your employees' details

Please complete the member schedule spreadsheet with the details of your employees you would like to include for ELC.

An example template in the preferred format is available on the B&CE website at [www.bandce.co.uk/template-for-elc](http://www.bandce.co.uk/template-for-elc)

**You must inform your employees that you have passed their personal details to B&CE.**

### Section 4: Data Protection

Data protection law says that we are allowed to use personal information only if we have a proper reason to do so.

As an employer, you may be asked to provide information to B&CE about your company, your administration contacts and your employees. To manage our relationship with you and your business and for the purposes of providing this product and providing your employees with the benefits for which you apply, we are required to collect and process personal information.

Before proceeding with this application, please ensure you have read the B&CE Privacy Policy [www.bandce.co.uk/privacy-policy](http://www.bandce.co.uk/privacy-policy) which explains how we use, store and look after the personal information we collect about you and your employees and which provides you with the contact details for B&CE's Data Protection Officer.

- I confirm I have read the B&CE Privacy Policy and will ensure that the personal data I provide to B&CE is accurate and up to date.

### Section 5: Declaration and agreement

Please ensure you have the necessary authority to enter into this contract – please tick the box below to confirm this.

#### Who has authority to enter into this contract?

Any person authorised to enter into contracts on behalf of the company specified below, either directly by means of an authority vested in them by the company's articles of association, partnership agreement or other constituting document (as appropriate), or by delegation under a power contained in that constituting document, or a person within that organisation who otherwise has authority to enter into contracts on behalf of the organisation. Please ensure you have the necessary authority to bind the company before proceeding.

- By ticking this box, you are confirming that you have the necessary authority to enter into this contract with B&CE on behalf of the company named below.

**Please carefully read each of the following declarations, and tick the boxes accordingly to tell us you agree:**

1. I/We confirm that I/we have read and understood the 'ELC Technical Guide' for Employers and the 'ELC Rules' document.
2. I/We confirm that if we operate the CIJC Working Rule Agreement, it is my/our responsibility to follow that Agreement with regard to B&CE ELC for our operatives.
3. I/We confirm that the Employee Life Cover from B&CE operated for our employees will be operated in accordance with the 'ELC Technical Guide' for Employers, and the 'ELC Rules' document\* in force from time to time. I/We recognise that these documents will be updated from time to time.
4. I/We understand that employees must be 'actively at work' when cover commences and at least 95% of all eligible employees for a defined category must join. There must be a minimum of 5 employees in each category where more than one is established.

- 5. I/We confirm that we'll not include employees who aren't actively at work when cover is due to commence, until such time as they satisfy the actively at work requirements.
- 6. I/We confirm that we had no prior knowledge of any employees, included in the member schedule spreadsheet for ELC on or after 1 April 2018, having been diagnosed with a terminal illness at the date their cover for ELC last commenced or the date their cover was last upgraded. Terminal illness means an illness where the expectation of life is less than 1 year from the date of being diagnosed with a terminal illness.
- 7. I/We confirm that we will not include further employees for ELC where we are aware of them having been diagnosed with a terminal illness.
- 8. I/We understand that as an employer, we may be asked to provide or may offer information about our employees for the purposes of ELC on behalf of our employees (see Section 4 above).
- 9. I/We understand that cover for ELC will cease if I/we fail to pay contributions when they are due.
- 10. I/We confirm that the details on this application form are correct and agree to operate ELC in accordance with the documents and terms and conditions referred to above, and to comply with and be bound by them.
- 11. I/We understand that in common with most financial services providers, B&CE will make checks on my/our company identity and address. To comply with anti-Money Laundering Regulations, B&CE need to confirm the identity of employers wanting to provide ELC – this includes the employer's beneficial owners and directors. To do this B&CE may use electronic verification through SmartSearch, which reviews publicly available information on companies and individuals. If B&CE's checks fail to adequately confirm the employer's identity and beneficial ownership, B&CE may write to the employer to ask for more information.

\*These are available at: [www.bandce.co.uk/elc-rules](http://www.bandce.co.uk/elc-rules)

- By ticking this box you are agreeing to enter into this contract with B&CE on behalf of the company named below and to bind it accordingly.

Full name	
Position	
Company name	
Date	

## Section 6: Payments

If you're already operating The People's Pension and want to use the same bank account for ELC, please skip this section.

Payments for ELC are made to us by Direct Debit.

If you do not operate The People's Pension, please complete the Direct Debit mandate below. If your company has more than one bank account signatory, you will need to print the mandate and arrange for all signatories to sign the mandate.

### Bank account evidence

Please also send us evidence of the bank account which will be used for payment of premiums/contributions. We need this to satisfy Direct Debit rules regarding 'know your customer' and won't be able to set up your account without it.

Please include a copy of either:

- Void cheque (crossed through with the word cancelled)
- Paper bank statement, or PDF version of your online bank statement (dated within the last 3 months)
- Blank paying-in slip

<b>Instruction to your Bank or Building Society to pay by Direct Debit</b>										
<p>Please fill in the form and send to: People's Partnership Holdings Limited, FREEPOST B&amp;CE</p>										
<p>To: The Manager <span style="float: right;">Bank/Building Society</span></p> <hr/> <p>Address</p> <hr/> <p style="text-align: right;">Postcode</p>	<p>Service User Number:</p> <table border="1" style="width: 100%; text-align: center;"><tr><td>8</td><td>4</td><td>2</td><td>9</td><td>2</td><td>1</td></tr></table> <p>Reference Number (B&amp;CE Use only)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	8	4	2	9	2	1			
8	4	2	9	2	1					
<p>Bank Account Name</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	<p><b>Instruction to your Bank or Building Society.</b> Please pay People's Partnership Holdings Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with People's Partnership Holdings Limited and, if so, details will be passed electronically to my Bank/Building Society.</p>									
<p>Branch Sort Code</p> <table border="1" style="width: 100%; text-align: center;"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>										
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<p>Signature(s)</p> <hr/> <p>Date</p> <hr/>										

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer.

### The Direct Debit Guarantee



This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

- If there are any changes to the amount, date or frequency of your Direct Debit, People's Partnership Holdings Limited (B&CE) will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request B&CE to collect payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by B&CE or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society – if you receive a refund you are not entitled to you must pay it back when B&CE ask you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## Returning the completed application if not completing Section 6

When you have completed this application, please email it to [support@bandce.co.uk](mailto:support@bandce.co.uk) along with the completed member schedule spreadsheet.

We will then set up your account and contact you once it's done.

### Checklist

- Completed application form
- Completed member schedule spreadsheet

## Returning the completed application if completing Section 6

When you have completed this application, please post all items in the checklist to the address below.

We will then set up your account and contact you once it's done.

### Checklist

- Completed application form
- Completed member schedule spreadsheet
- Direct Debit mandate
- Bank account evidence

### Post to:

FREEPOST  
B&CE

For more information: [www.bandce.co.uk](http://www.bandce.co.uk)

Email: [support@bandce.co.uk](mailto:support@bandce.co.uk)

Telephone: **01293 586666**