



Employee Life Cover (ELC) from B&CE

Changing your level of Employee Life Cover

Note: This form should not be used to add new employees

This form is an editable pdf. Simply save your own copy and then complete the form.

If you currently provide life cover for your employees under the Employee Life Cover from B&CE, and wish to change the level of cover already provided for some or all of your employees, please complete this form and submit with your revised member schedule. The existing Direct Debit mandate you have completed will continue in effect and it will not be necessary for you to complete a new mandate.

If you need to add new employees to your Employee Accident and Life Cover account, you can do this via Online Services at <https://onlineservices.bandce.co.uk>.

If you need to amend the category that one or more employees are in, please contact us on 01293 586666 or support@bandce.co.uk for help.

Section 1: Revised cover to be provided

| | |
|---|--|
| Which month do you wish the revised cover to start: (Please note this cannot be in arrears.) | |
|---|--|

| Life Cover | Multiples of Life Cover | Membership category criteria* (Please define your membership categories; e.g. 'all employees', or 'all managers', or 'all employees with over 1 years' service'.) |
|------------|-------------------------|---|
| A | x1 (Standard) | |
| B | x2 | |
| C | x3 | |

*Please see the EAC/ELC Technical Guide for Employers for further information.

Remember:

- 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 there is more than one category, each one must contain a minimum of five employees.

Section 2: Your employees' details

Please send us a revised member schedule spreadsheet with the details of the new levels of ELC to be provided for your employees. An example template in the preferred format is available on our website at www.bandce.co.uk/template-for-eac-etc.

Section 3: Agreement

Please read carefully and tick the boxes accordingly to signify agreement:

- By ticking this box, you are confirming that you have the necessary authority to make the changes outlined in this form to the contract held with B&CE on behalf of the company named below

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.

- I understand and agree that the original contract entered into with B&CE will continue in full force and effect, save only for the changes to the cover provided as outlined in this form and the revised member schedule spreadsheet.

| | |
|--------------|--|
| Full name | |
| Position | |
| Company name | |
| Date | |

Sending the completed form to us

When you have completed this form, please email it to support@bandce.co.uk along with the revised member schedule spreadsheet.

We will then contact you once the changes requested have been put into effect.

Checklist

- Completed form
- Completed member schedule spreadsheet

For more information: www.bandce.co.uk

Email: support@bandce.co.uk

Telephone: 01293 586666



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