

## Actively at work declaration

Scheme name		Policy number	
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Please ensure you state the correct relevant date.

This can be:

- The date a scheme alteration is to be effective from.
- The date of inclusion of a new group of employees.

It cannot be:

- backdated by more than 30 days of this form being completed and signed.

Relevant date	
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Please complete and sign this form on a date **after** the relevant date and return it to us within 30 days of the relevant date to: Optimal, 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN.

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### Notes

Some scheme alterations require our actively at work (AAW) requirement to be fulfilled. Depending upon the type of alteration made the actively at work may apply to all scheme members, certain categories of members or members for whom there is an increase in benefits.

For example:

For increases to the scheme free cover limit, the declaration is required in respect of all members of the scheme.

For increases to the scheme cover cease age, the declaration is required in respect of all members' benefits below the free cover limit.

For alterations to the benefit basis, the declaration is required in respect of those employees who have an increase in benefit as a result of the scheme alteration.

Which company or what category of employees does this declaration apply to?	
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**Please note: the actively at work requirement applies on an employee's last working date immediately before the relevant date.**

Are all members actively at work on the last working date immediately before the relevant date?

Yes		No	
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**\*If no**, please list in the table on the next page the names of the members and include the reason for their absence, the date they were first absent from work and the date they returned to work (if this is applicable).

Name	Reason for absence	Date first absent from work	Date returned to work (if applicable)

**Actively at work** means that a person:

- is present at their place of work or is absent for reasons other than sick leave that have been authorised by their employer; and
- has not received medical advice to refrain from work; and
- is mentally and physically capable of performing fully the normal duties associated with their job; and
- is working their normal contracted hours at their normal place of employment or at such alternative location as may have been agreed in writing with the employer.

Please note: for employees named above, Optimal will not accept a claim in respect of the new cover or increase in cover until they have returned to work and have been actively at work for 7 consecutive days. It is your responsibility to inform Optimal of the date of return to work.

#### Declaration

I declare that the information declared within this form is to the best of my knowledge and belief, true and accurate. I understand that Optimal will not accept a claim in respect of the new cover or increase in cover for employees named in the table above until they have returned to work and have been actively at work for 7 consecutive days. I also understand it is my responsibility to inform Optimal of the date of return to work.

Signature	
Print name	
Date	
Capacity of signatory	

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