

Group Life Policy Trustee Application Form

Scheme details

Principle employer's full registered name:

Full registered name of other employers (subsidiaries or associated companies) participating in the scheme:

1. <input type="text"/>	2. <input type="text"/>
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Full scheme name currently shown in the trust document:

Commencement date:

Is this scheme (please tick)? :

<input type="checkbox"/>	1. A newly insured scheme with 50 or less members	<input type="checkbox"/>	4. A newly insured scheme with more than 50 members
<input type="checkbox"/>	2. A previously self- insured scheme with 50 or less members	<input type="checkbox"/>	5. A scheme switching to us on an identical basis
<input type="checkbox"/>	3. A scheme switching to us from a previous insurer on a non-identical basis	<input type="checkbox"/>	6. A previously self-insured scheme with more than 50 members

Note: If 1, 2 or 3 applies to this scheme, please ensure you complete the relevant Actively at Work declaration on the next page.

Payment details

Our preferred payment method, whether annual or monthly, is by Direct Debit, however you can also pay annual premiums by bank transfer or cheque.

1. Premium frequency:

2. Payment method:

Our bank details are as follows:

Optimal

Sort code: 30 93 48

Account number: 70859060

Important notes

- This form is to be completed by the trustee(s) of the scheme; if the trustee is a corporate body, the duly authorised officials of that body. If individual trustees, each of them or those individuals that are authorised to sign for all the trustees
- Please use BLOCK CAPITALS
- It is important that you answer the questions on this application form fully, truthfully and accurately.
- If you do not answer the questions fully, truthfully and accurately this could affect how much we pay in the event of a claim and could mean we will not pay the claim at all.

Actively at Work

Actively at Work means that an eligible employee or an eligible partner of the employer on the relevant date (the last working day prior to commencement of cover):

- 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.

Actively at Work declaration 1

This Actively at Work (AAW) declaration must be completed if your scheme is:

- Being insured for the first time / previously self- insured and has 50 or less members – the AAW will apply to all members of the scheme, or
- Switching to us from a previous insurer on a non-identical basis – the AAW will apply to all members whose benefits are affected by any changes made to the scheme eg a change to the benefit basis or eligibility or increase in the cover cease age.

Were all eligible employees and / or eligible partners actively at work on the last working day prior to the commencement date?

Yes		No	
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If no, please complete the following:

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

Any eligible employee or eligible partner will not be covered for any benefit until they either:

- complete seven consecutive working days with the employer (excluding days taken as holiday), or
- provide evidence of insurability to us and we confirm our acceptance of the member's benefit.

Confirmation that any actively at work requirement has been met must be provided by you in writing.

Actively at work declaration 2

This Actively at Work (AAW) declaration must be completed if your scheme:

- Is being insured for the first time / previously self-insured, **and**
- Has less than 5 members, **or**
- Has less than 5 members in any one category (the AAW will only apply to members in such categories, not the whole scheme)

Were any eligible employees / eligible partners absent from work for more than 10 days, as a result of illness or injury within the last 12 months and / or on the last working day prior to the commencement date?

Yes		No	
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If yes, please complete the table on the following page :

Actively at work declaration 2 continued

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

Any eligible employee or eligible partner will not be covered for any benefit until they provide evidence of insurability to us and we confirm our acceptance of the member's benefit.

Declaration and signatures

We, the trustees of the scheme declare that the information given in this application form and any statements or declarations made by us or our financial adviser(s) or any employer participating in the scheme, or by the members of the scheme, to Optimal or any party connected to Optimal are to the best of our knowledge and belief, true and accurate and no material fact that would affect the underwriting or pricing of the risk in any way has been withheld. We confirm we are able to effect this cover.

By signing this form we are allowing you to process this application using the information we have provided.

Signature		Signature	
Name		Name	
Capacity		Capacity	
Date		Date	

Signature		Signature	
Name		Name	
Capacity		Capacity	
Date		Date	

Employee Assistance Programme

If you wish to participate in our free Employee Assistance Programme (see Section 8 of your technical guide for full details), please provide a contact name and telephone number for the employer to enable Health Assured to contact them.

Name	
Telephone number	
E mail address	

Data Protection

Any personal information you may provide to Optimal, as data controller will be processed in accordance with our obligation under the Data Protection Act 1998.

We will only use this information solely for the purposes of quoting for, providing and administering the policy and processing any claims. As a result we may need to pass on information to:

- The Original Holloway Friendly Society Limited
- Our reinsurers
- Other insurers
- Official bodies where we are legally obliged to do so
- Third parties that provide us with products or services

By signing this form you consent to Optimal using and sharing your personal information as set out above

We are not authorised to give financial advice, so we suggest you contact your financial adviser for advice. Optimal is a trading name of HF Life Limited (FRN 613348) and a subsidiary and appointed representative of The Original Holloway Friendly Society Limited. Registered in England (No. 8649971) Registered Office Holloway House 71 Eastgate Street Gloucester GL1 1PW

The Original Holloway Friendly Society Limited is Registered and Incorporated under the Friendly Societies Act 1992. Registered in the UK No. 145F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FRN 109986

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

HF Life Limited t/a Optimal,
4200 Waterside,
Solihull Parkway,
Birmingham Business Park,
Birmingham,
B37 7YN

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Service user number

2	9	3	2	5	5
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Reference Number (for Optimal use)

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Instruction to your Bank or Building Society

Please pay HF Life 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 HF Life Limited, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date	

DDI2

Banks and Building Societies may not accept Direct Debit Instructions from 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 HF Life Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request HF Life Limited to collect a 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 HF Life Limited 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 HF Life asks 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.