

Employer's reinstatement form

Scheme name		Policy number	
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Please note: We will need to have received a request for reinstatement of a policy within 30 days of the date the policy cancelled in order for reinstatement to be considered. This form must be completed and returned to us within 10 working days of it being issued to you.

Upon agreement of the reinstatement of a policy, the reinstatement date will commence with effect from the cancellation date. We reserve the right not to reinstate the policy.

Actively at work requirement

Were all members actively at work on the last working date immediately before the renewal date (or reinstatement date if this is a date other than the renewal date)?

Yes		No	
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*If no, please list below 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.

Conditions of reinstatement

In addition to the actively at work requirement above, in order for us to consider reinstating the policy, please confirm whether or not the following conditions can be fulfilled:

1. The scheme rules, eligibility conditions and benefits as defined under our existing terms are not changing. **Yes** (condition is fulfilled) / **No** (condition is not fulfilled)
2. No claims have been made, or are currently pending, including declined claims during the 5 years directly before this reinstatement for either Life or Income Protection schemes that the principal employer has insured that we are not already aware of. **Yes** (condition is fulfilled) / **No** (condition is not fulfilled)
3. No member is suffering from or has contracted a serious illness. **Yes** (condition is fulfilled) / **No** (condition is not fulfilled)

If you have answered "no" to any of the conditions above, please provide full details:

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Declaration

I declare that the information declared within this form is to the best of my knowledge and belief, true and accurate.

Signature	
Print name	
Date	
Capacity of signatory	

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

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