

## Scheme alteration form for group life policies

Scheme name		Policy number	
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This form is to be completed by the Financial Adviser. It should be used whenever you would like us to consider making an alteration to one of your client's group life policies.

Please return this form by email to [enquiries@optimalprotection.co.uk](mailto:enquiries@optimalprotection.co.uk) or by post to the following address: Optimal, 4200 Waterside, Solihull Parkway, Birmingham Business Park, Birmingham, B37 7YN.

Scheme alteration requested
1.
2.
3.
4.

Some scheme alterations require our actively at work (AAW) requirement to be fulfilled or for increases in benefits to be medically underwritten. Dependent 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.

**Upon receipt of this form, we will confirm if we are willing and able to make the scheme alteration and will advise you if we have any further requirements in order to accept the alteration, for example: an actively at work declaration to be completed by the employer or medical underwriting requirements for certain members.**

Signature	
Print name	
Date	
Capacity	

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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