

# Strictly Actively at Work Declaration

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## Before you start

To ensure relevant employees or relevant partners can be covered (subject to satisfactory evidence of health), you must read and complete this declaration in conjunction with your MetLife Group policy terms and conditions. Please return it to us within 30 days of the relevant date (shown below). The relevant date will be clear from the circumstances in which MetLife asks for the declaration to be given. The relevant date shall be one of the following dates:

- policy commencement date;
- the date the eligible employee and / or eligible partner joined the scheme during the term of the policy;
- the date the benefit basis improved for one or more insured members;
- the date one or more members are transferred into the employer's service by way of the Transfer of Undertakings (Protection of Employment) Regulations 2006 (also known as a TUPE transfer); or
- the date one or more members reached the termination age of the policy.

Scheme name (the 'scheme')

Policy number

Relevant date

D D M M Y Y Y Y

Relevant employees and / or relevant partners

**I acknowledge that I have read and agree to the above.** Tick to confirm

I give details below of any of relevant employees and / or relevant partners who, because of sickness or accident, did not satisfy the actively at work definition\* on the last working day before the relevant date, or for 5 or more working days in the last 12 months. These working days **need not** have been consecutive. I confirm this list is complete and that all other relevant employees and / or relevant partners not listed here are actively at work.

\* **"Actively at work"** means, in relation to a relevant employee employed by the employer or relevant partner of the employer at any relevant date, that they have not received medical advice to refrain from and are actively engaged in or are otherwise following their normal occupation on that date. **Actively** means the relevant employee or relevant partner is mentally and physically capable of working their normal contracted number of hours, either at their usual place of business or at the location to which business requires them to travel.

Absence from work does not include holidays, maternity, paternity and adoption leave, or any other authorised leave to be approved by the insurer.

**Did all eligible employees and any eligible partners:**

- a) meet the Actively at Work definition (as set out above) on the last working day before the relevant date; and
- b) not fail the Actively at Work definition for 5 or more working days in the last 12 calendar months?

Yes      No (If no, please provide details)

Name	Days absent - from	to	Reason for absence
	D D M M Y Y	D D M M Y Y	
	D D M M Y Y	D D M M Y Y	
	D D M M Y Y	D D M M Y Y	
	D D M M Y Y	D D M M Y Y	
	D D M M Y Y	D D M M Y Y	

**Declaration from authorised signatory**

I confirm MetLife will be informed of the date of return to work of any relevant employee and / or relevant partner listed above.

Unless agreed in writing by MetLife, satisfactory evidence of health (in such form as MetLife requires) must be provided to MetLife for any relevant employee or relevant partner listed above before they can be accepted as an insured member.

**Data Protection**

MetLife is the data controller in respect of any personal data you provide to us. The ways in which MetLife may collect, share or process personal data are explained in MetLife’s Privacy Notice. MetLife’s Privacy Notice also explains the rights of data subjects regarding personal data. A copy of MetLife’s Privacy Notice is available on our website, [www.metlife.co.uk](http://www.metlife.co.uk).

Authorised signatory’s name\*

Position in company (including Partnership / LLP)

Authorised signatory’s signature

Signature date

D D M M Y Y Y Y

\* This must be an authorised signatory recorded with MetLife or a listed active person on the employer’s Companies House page. Alternatively, we can accept an individual listed on their Company website, within a Managerial role or above and who is identifiable on the client data.

We accept e-signatures and scanned copies. If you are unsure who the authorised signatory is, or wish to change the authorised signatory, please email [eb@metlife.co.uk](mailto:eb@metlife.co.uk) or call 0800 917 1112.

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