



**Section 1 - Employer details**

Please complete in block capitals

Organisation name(s)

Registered address

Postcode

Trading address

Postcode

Registration number (if applicable)

Scheme name (Leave blank if same as employer)

Names of associated companies covered by the MetLife Group Life policies in relation to this proposal form (if applicable)

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**Section 2 - Scheme details**

This section must be completed even if there is no existing scheme

Please tick one of the following statements as appropriate:

The scheme is currently insured with 1 or more insurers or self-insured on an identical benefit basis (please complete all questions in this section).

The scheme is currently insured with 1 or more insurers or self-insured on a non-identical benefit basis (please complete all questions in this section).

There is no existing scheme (please complete questions c and d).

a. We declare that the information provided and / or any assumptions set out in the final quotation in respect of the claims history are true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

b. We declare that the information provided and / or any assumptions set out in the final quotation in respect of any members' / eligible employees' / eligible partners' benefits that have been rated, declined, limited to a free salary level or free cover limit under a previous employer-sponsored Group Life scheme supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

- c. We declare that the information provided and / or any assumptions set out in the final quotation in respect of any scheme members / eligible employees / eligible partners (including current or pending Income Protection claims) that have been absent from work for more than 90 continuous days, supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

- d. We declare that the information provided and / or any assumptions set out in the final quotation in respect of any members / eligible employees / eligible partners based overseas or who travel overseas for business purposes supplied as part of the quotation request are true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

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### Section 3 - Basis of benefits and eligibility

We provided information in respect of the basis of benefits and eligibility of the MetLife Group Life policies on-risk or to go on-risk as part of this proposal form. This is set out in the final quotation, together with any assumptions MetLife has made in respect of the policies.

This includes, for example, and if relevant, details in respect of members based overseas with non-UK contracts.

We declare that the information provided and / or any assumptions set out in the final quotation are true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

**When received, please check the policy schedules issued in respect of the MetLife Group Life policies on-risk accurately reflect the required basis of benefits and eligibility, as this is the basis on which cover is provided. In the event of any inaccuracies, please contact MetLife immediately.**

## Section 4 - Extensions to cover

Extensions to cover are set out in the policy terms and conditions, and if selected, enable the continuity of cover for individual members under particular circumstances.

The extensions to cover available are:

- Redundancy cover; and
- Early retirement cover.

We declare that the information provided in respect of the extensions to cover for the MetLife Group Life policies on-risk or to go on-risk as part of this proposal form as set out in the final quotation, is true, accurate and complete.

Yes (i.e. true, accurate and complete)                      No (if 'No', please state why)

## Section 5 - Actively at Work Declaration(s)

### Definition

Actively at work means, in relation to an employee employed by the employer or a 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 employee or partner is, in the opinion of the insurer, 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.

### Actively at Work Declaration requirements

A separate Actively at Work Declaration must be completed for:

- each MetLife Registered and / or Excepted Group Life policy with fewer than 20 members as at the commencement date of the policy or that is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members; and
- each individual to be insured by a MetLife Single Life Relevant Life policy unless the Actively at Work requirement has been waived as a result of a linked policy.

If you require additional Actively at Work Declaration forms please contact your financial intermediary or MetLife.

### MetLife Registered and / or Excepted Group Life policies

- Policies with fewer than 20 members - any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will not be covered until satisfactory evidence of health is received and they are accepted for cover by MetLife. An Actively at Work Declaration must be completed.
- Policies with between 20 and 49 members - any eligible employee or eligible partner who does not satisfy the Actively at Work definition on the last working day before the commencement date due to accident or sickness, will be covered when they return to work and are Actively at Work for at least 5 consecutive working days.

An Actively at Work declaration is not required; satisfaction of the Actively at Work requirements will need to be demonstrated in the event of the death of an insured member and a claim being submitted, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.

- Policies with 50 or more members - an eligible employee or eligible partner is covered under the policy from the commencement date regardless of whether they are Actively at Work or not. An Actively at Work declaration is not required, unless the scheme is switching cover from a previous insurer and is improving the benefit basis for fewer than 20 members.

### MetLife Single Life Relevant Life policies

An Actively at Work Declaration must be completed unless the Actively at Work requirement has been waived as a result of a linked policy.

**Actively at Work Declaration for a MetLife Registered Group Life policy**

Did all eligible employees and / or eligible partners meet the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes	No	If no, please provide details:		
Name		Cause	Dates of absence	Benefit £
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	

**Actively at Work Declaration for a MetLife Excepted Group Life policy**

Did all eligible employees and / or eligible partners meet the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes	No	If no, please provide details:		
Name		Cause	Dates of absence	Benefit £
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	

**Actively at Work Declaration for a MetLife Single Life Relevant Life policy**

Did the employee or member satisfy the Actively at Work definition (as set out above) on the last working day before the commencement date?

Yes	No	If no, please provide details:		
Name		Cause	Dates of absence	Benefit £
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	
			D D M M Y Y Y Y	

**Section 6 - Authorised signatories**

An authorised signatory is an individual, usually an executive, who has been given authority to sign documents and forms on behalf of the policyholder of the policy(ies) i.e. the employer or a UK trust.

For completion of claims and policy documentation please provide a minimum of 2 authorised persons or signatories. In the event you only supply 1 authorised person, this may delay cover being provided or a claim being paid if they are not available at the time to sign the relevant forms.

Name	Signature date (ddmmyyyy) D D M M Y Y Y Y
Signature	Position

Name	Signature date (ddmmyyyy) D D M M Y Y Y Y
Signature	Position

## Section 7 - Data Protection and Declaration

### Data Protection

MetLife is a 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).

### Declaration

We declare that the answers we have provided to MetLife’s underwriting questions, whether in this proposal form or otherwise, are substantially true, accurate and complete. We understand that if they are not, then this could affect the payment of benefits under the policy, including reducing the amount payable in the event of a claim, invalidating the policy entirely, and MetLife retaining the policy premium.

We have read the MetLife Privacy Notice and we note and understand the purposes for which personal data will be stored and processed by MetLife and with whom the data may be shared or transferred. We warrant that personal data provided to MetLife for the purposes of the policy is provided in accordance with all applicable data protection laws.

We consent to MetLife seeking and obtaining information from any insurance company on proposals for Group Life cover that we have made. We will provide MetLife with medical evidence and confirmation of age if they request it. We will also notify MetLife of the details of all future members of the scheme no later than the review date following those members satisfying the eligibility conditions.

We confirm that it is not MetLife’s responsibility to advise on the way in which any particular scheme operates or is taxed.

We confirm that an electronic copy of this proposal form has the same validity as the original.

We declare that the individual signing this proposal form has authority to act for and on behalf of the policyholder.

Name of authorised signatory

Signature date (ddmmyyy)

D D M M Y Y Y Y

Signature

Position

For and on behalf of

0800 917 2111

[ebnewbusiness@metlife.uk.com](mailto:ebnewbusiness@metlife.uk.com)

[metlife.co.uk](http://metlife.co.uk)

Products and services are offered by MetLife Europe d.a.c. which is an affiliate of MetLife, Inc. and operates under the “MetLife” brand.

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