

Strictly Actively at Work Declaration

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Before you start

This form is to be completed by the policyholder and must be sent to the financial intermediary within 30 days of the relevant date in order for the relevant employees and / or relevant partners to be covered in accordance with the policy terms and conditions. This form must be read and completed in conjunction with the relevant MetLife Group policy terms and conditions. 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
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Relevant employees and / or relevant partners

I give details below of any relevant employees and / or relevant partners who did not satisfy the actively at work definition on the last working day before the relevant date due to sickness or accident, and / or who failed to satisfy the actively at work definition for 5 or more working days in the last 12 calendar months. The 5 working days do not need to be 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.

Name

Days absent - from

to

Reason for absence

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

Unless agreed in writing by the insurer, satisfactory evidence of health must be provided to MetLife for any relevant employee or relevant partner listed above before they can be accepted as an insured member. Satisfactory evidence of health means evidence in such form as MetLife reasonably requires to assess the state of health of an individual.

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.

Authorised Signatory's name

Position in company (including Partnership / LLP)

Authorised Signatory's signature

Date

D	D	M	M	Y	Y	Y	Y
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