

ACTIVELY AT WORK DECLARATION FOR NEW TO MARKET EMPLOYEE SPONSORED SCHEMES

In order to place cover with Lutine Assurance Services Limited, please make sure you:

- Fax, email or send this completed form together with the Group Life Assurance On Risk Details Form to our office by 4.00pm prior to commencement of risk.
- Please use block capitals

We hereby certify that with the exception of those detailed below, no employees eligible for cover under this scheme were absent from work for 10 or more days, on account of injury, illness or disablement in the last 12 months and/or on the last working day prior to the commencement of cover with Lutine Assurance Services Limited. Furthermore, employees who fulfil the actively-at-work condition were not only present at their place of work but were mentally and physically capable of discharging fully the normal regular duties associated with the job for which they are employed.

Please list below the names of the individuals and include the reason for their absence, the amount of days they have had off work and their return date to work.

Name	Reason for Absence	Number of Days off Work	Date returned to Work

Signatures

This form must be signed by;

- If the trustee is a corporate body, the duly authorised official(s) of that body.
- If individual trustees, each of them or those individuals that are authorised to sign for all the trustees.

Signature: Date:

Name: Capacity:

Signature: Date:

Name: Capacity:

Please return the completed form by fax 0121 200 1921, email groupenquiries@lutine.com or post prior to the commencement date, to our office address below :

Lutine Assurance Services Limited
154 Great Charles Street
Birmingham
B3 3HN