

Group Risk At Work Certificate

It is hereby certified that each of the members of the Plan named in the Group Risk Request for Membership Form:

- a.** was present on the last normal business day before the policy start date
- b.** was eligible to become a member of the Plan
- c.** was actively engaged in the performance of his/her usual duties or was on leave for reasons other than sickness or injury on the last normal business day before the policy start date, and I am not aware that the proposed member is suffering from illness or injury
- d.** is not in receipt of benefits from another insurer.

With the following exceptions:

Name	Date when first absent (dd/mm/yyyy)	Length of absence	Cause of absence
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