



Corporate Solutions At Work Certificate

1 Policy details

Plan name

Employer name

Commencement date

2 Eligible members not 'at work'

To satisfy the definition of 'at work' the eligible member is:

- i. engaged in his / her normal duties and working his / her normal hours on the day cover is to commence (or the first working day immediately following the commencement date should it fall on a public holiday or a weekend) without restriction or limitation due to an injury or illness other than mild ailments (such as the flu or colds etc); or
- ii. on Employer approved leave and is capable of performing his / her normal duties and working his / her normal hours on the day cover is to commence (or on the first working day immediately following the commencement date should it fall on a public holiday or a weekend) without restriction or limitation due to an injury or illness; and
- iii. *(applicable to Income Protection only)* not be in receipt of and / or entitled to claim income support benefits from any source including workers compensation benefits, statutory transport and accident benefits and disability income benefits.

* No one was absent on the commencement date True False

If false, please list the names of any eligible members who were not 'at work' on the commencement date below:

Full name	Gender	D.O.B	Category	Duration of absence (days)	Nature of injury or illness	Occupation

(if more space is required please attach a separate sheet)

3 Declaration

The Policy Owner hereby declares that the above information is true and correct.

For and on behalf of the Policy Owner

Policy Owner Name

Job title

Signature of Policy Owner

Date

Witness Name

Job title

Signature of Witness

Date



2 Eligible members not 'at work' - additional sheet

Names of any eligible members who were **not** 'at work' on the commencement date.

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	

Full name	Gender	Date of birth
Category	Occupation	
Duration of absence (days)	Nature of injury or illness	