PRUDENTIAL

Absent from Work Information for Life Cover purposes

Please use black ink and write in CAPITAL LETTERS or tick ☑ as appropriate. Any corrections must be initialled. Please do not use correction fluid as this will invalidate your application.

About this form

You can use this form to tell us about members joining a new Group Personal Pension, Group Stakeholder or Company Pension Scheme who in the last two months

- have been off work, or
- have performed restricted duties or worked restricted hours because of illness or injury **for more than 2 weeks.**

You should include anyone joining who is currently off work but you do not need to show details for anyone who is off because of a minor ailment such as a cold or flu.

Please give this information for anyone who is to be included for life cover, as shown on the main application form.

If there are no such absences, please write "None" in large letters across the table.

Please don't forget to sign the Declaration on the back of this form.

Scheme Name

Scheme No

Name	National Insurance Number	Reason for absence

Name	National Insurance Number	Reason for absence

Declaration

We declare that, to the best of our knowledge and belief, the information given above is true and complete and agree that it shall form part of any resultant contract(s).

Signed for and on behalf of the Trustees or on behalf of the Employer/ Partnership for a Group Personal Pension/Group Stakeholder Scheme.

✗

Date

D	D	M	M	Y	Y	Y	Y

PRUDENTIAL

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