New Entrant & At Work certificate

ZURICH

Policy name _____ **Policy number** _____

It is hereby certified that:

- all employees who are **eligible in accordance with the eligibility rules of the policy**, are now members of the policy, and
- listed below are employees who have joined the policy within 30 days of the date on which they first became eligible and were actively at work on the day they joined the policy
- also listed below are those applicants who were **NOT At Work** on the day they joined the policy or did not join the policy within 30 days of becoming first eligible.

Please note your duty of disclosure as outlined on the Application applies to this document.

Full name	Date of birth	Gender	Salary[1]	Super salary[2]	Occupation	State of domicile	Date first became eligible	Date joined policy	Category	At Work? Yes or No

Date / / Authorised signature Full name Title

[1]Salary = Insured income for calculating Total Disability Benefit.

[2]Super Salary = Insured income for calculating Superannuation Contribution Benefit (if applicable).

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