

## Group Personal Accident Insurance Policy Opt Out Form

The Group Personal Accident Insurance Policy provides Randstad temporary workers with a range of benefits in the event that accidental injury prevents you from carrying out your working duties.

The cover operates on a 24 hour basis during the entire period of your temporary assignment. Benefits in the Policy include but are not limited to £125,000 for death or permanent total disablement and a maximum of £300 per week, for up to 52 weeks for temporary total disablement.

This cover is in addition to any claim you might have for an injury caused by an accident at work due to a failure to provide a safe place of work. Full details of the benefits available and the exclusions that apply can be found in the Group Personal Accident Insurance Policy Key Facts document and on our website: <a href="https://www.randstad.co.uk/business-support/pai/">www.randstad.co.uk/business-support/pai/</a>

Whilst employed by Randstad as a PAYE worker, unless you opt out you are automatically included and covered by this policy. The cost of £1.50 per week will be automatically deducted from your weekly pay throughout the course of your assignment and will be treated as an agreed deduction.

You can opt out of this Group Insurance policy on registration by completing the section below, likewise you can opt out at any time during the course of your assignment by notifying Randstad in writing, sent to your branch or site contact. If Randstad receives the form within 14 days of the initial deductions, you will be refunded all monies deducted. If you opt out at a later date, you will not receive a refund of costs paid but will not pay from that point.

Please sign and date below if you wish to opt out of the Group Personal Accident Insurance Policy.

Opt Out: I do not wish to be included within the Group Personal Accident Insurance Policy. Please do not make weekly deductions of £1.50 in respect of this.

I understand that, by signing this declaration, I will not be covered by this policy in the event of an injury.

Name:	
Signed:	
Date:	

Please retain a copy and hand deliver or post the original to your registered branch once completed.