STAFF ABSENCE INSURANCE

Quote application form Page 1 of 2

Please complete all sections as fully as possible.
When complete, click the submit button at the bottom of this form.

Section 1 – Contact details:

School Name: School Postcode:

School Type: Primary ☐ Secondary ☐ Special ☐

Contact Name: Position:

Email:

Contact Number: Renewal Date:

Section 2 – Cover and benefit requirements:

Teacher FTE		Daily Benefit	£	Waiting Days	Excess
Support Staff 1 FTE		Daily Benefit	£	Waiting Days	Excess
Support Staff 2 FTE		Daily Benefit	£	Waiting Days	Excess
Admin / Other FTE		Daily Benefit	£	Waiting Days	Excess
Caretaker FTE		Daily Benefit	£	Waiting Days	Excess

How to calculate your FTE:
Actual hours worked by employee (eg. per week) divided by full time hours for this role (over the same period) equals FTE.

Maternity Cover Required? Yes* ☐ No ☐

Preferred Level of Stress Cover? No Cover ☐ 30 Days ☐ Full Stress Cover ☐

* We will require the dates of birth and FTE of all female employees in categories you wish to insure.

Section 3 – Additional helpful information:

Who currently provides your insurance?

Your target premium:

How did you hear about us? Recommended / Referral ☐ Direct Mail ☐ Internet Search ☐ Telephone Call ☐ Print Ad ☐ Event ☐

Other ☐ Please specify

Please continue to complete Section 4 and 5...

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Providing your absence history is important because it helps us to negotiate the best terms for your school and ensures you are appropriately protected at a sensible price.

Section 4 – 36 month absence disclosure:

In the table below, please provide us with the details of all days of staff absence **which exceeded the selected waiting days/excess** in Section Two, and occurred in the 36 months (3 years) prior to the cover inception/renewal date stated. It is important that you detail all absences irrespective of whether you made an insurance claim.

So, for example, should you select an insurance start date of April 1st 2016 and choose a 5 day excess, we only need to know about the total number of absence days, for each incidence of absence, exceeding 5 days from April 1st 2013 onwards. You do not however need to include any periods of absence as a result of Maternity, Paternity or Adoption Leave. Also, please be aware that days of absence for part time employees should be adjusted according to their FTE, so 30 days of absence for a 0.2 employee would be 30 x 0.2 = 6 days.

Dates	/14 to /15	/15 to /16	/16 to date (17)
Teachers	Total Days:	Total Days:	Total Days:
Support Category 1	Total Days:	Total Days:	Total Days:
Support Category 2	Total Days:	Total Days:	Total Days:
Admin / Other	Total Days:	Total Days:	Total Days:
Caretaker	Total Days:	Total Days:	Total Days:

In the section below please tell us more detail about any individual absences included above which continued for 20 days or more. Please also ensure you let us know if that staff member is currently still employed.

Section 5 – Details of any medical condition causing absence which continued for 20 days or more in the previous 36 months:

	Absence One	Absence Two	Absence Three	Absence Four
Staff Member's Category	Teacher	Teacher	Teacher	Teacher
Staff Member's FTE				
Absence Start Date				
Absence End Date				
Cause of Absence				
Still Employed	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐

Please continue on a separate sheet if required...

Click here to submit form when complete