

**PLEASE USE BLOCK CAPITALS
WHEN COMPLETING THIS FORM**



INCOME SECURITY (underwritten by Groupama Insurance Company Limited)

Important – Please read this notice before completing this proposal form. To avoid delay all questions should be answered fully.
 Notice in order to prevent fraudulent claims and for underwriting purposes insurers share information with each other via various databases including the Claims and Underwriting Exchange Register operated by Insurance Database Services Ltd. and we make enquiries with credit rating agencies. In dealing with your application, we may search these registers and databases. In the event of a claim, the information you supply on this form and the claim form, together with any other information relating to your claim, may be provided to other insurers. Credit reference agencies may note that an enquiry has been made about you.

Disclosure of material facts: you must give full and true answers to all questions. If you do not your insurance cover may not protect you in a claim. You should disclose all material facts, i.e. those which might influence acceptance or assessments of your insurance. If you are in any doubt as to whether a fact is material or not you should disclose it. Please keep a record (including copies of letters) of all information supplied for the purpose of entering into this Contract of Insurance. A copy of this proposal can be supplied on request within a period of three months after its completion. A copy policy is available on request.

Section A	Person to be Insured
Full name of insured (Mr / Mrs / Miss / etc)	Profession or occupation (include type of industry or profession and detail any manual duties)
National Insurance Number	Please note any secondary occupations:
Date and place of birth	Name of your employer (or state if self employed)
Marital status	How long have you worked for you present employer? State your current average taxable earnings - £
Full address (inc postcode)	Name and address of your doctor (if you have changed doctors in the last 6 months please give details of both your old and new doctor)
Contact telephone no.	

Section B	Insurance Required
	This section to be completed by your intermediary
Capital Benefit	
Accidental Death and disablement lump sum benefit	Sum Insured required <input type="text"/> £
Temporary Total Disablement	
NB: The level of cover for Accident & Sickness must not exceed 75% of your average taxable earnings. In the event of accident or sickness we will require proof of your earnings to validate your claim	
Cover for Accident and Sickness? <input type="checkbox"/> Accident only? <input type="checkbox"/>	Weekly Sum insured <input type="text"/> £
Waiting Period	
The standard waiting period is 14 days for white collar /office based occupations and 21 days for more manual occupations. If you choose a longer waiting period this may result in a lower premium being quoted.	
Standard <input type="checkbox"/> 3 weeks <input type="checkbox"/> 4 weeks <input type="checkbox"/> 8 weeks <input type="checkbox"/> 13 weeks <input type="checkbox"/> 26 weeks <input type="checkbox"/>	
Please tick your preferred waiting period	
Benefit payable for:	
The standard plan provides benefit for 52 weeks for accident and sickness (if chosen) You may choose a different benefit period that will apply to both accident and sickness cover.	
13 weeks <input type="checkbox"/> 26 weeks <input type="checkbox"/> 52 weeks <input type="checkbox"/> 104 weeks (accident only) <input type="checkbox"/>	
Please tick your preferred benefit period	
Subject to underwriting and our formal acceptance, when would you like your cover to start? <i>We reserve the right at any time to amend any plan details or options shown in this proposal</i>	

Section C**Personal Details**

Please tick relevant box. If Yes, please give full details, including treatment, dates and time off work, where known. (Continue on a separate sheet if necessary)

1. What are your height and weight?

Height

Weight

2. Have you:

Please give details

a) been subject to any declaration of bankruptcy or insolvency or are such measures pending?

Yes

No

b) been convicted of any criminal offence or have such prosecution pending?

Yes

No

c) any physical or mental defect or infirmity including defective sight or hearing?

Yes

No

d) suffered from any recurring, intermittent or chronic condition or disorder?

Yes

No

e) suffered from back pain, heart disease, anxiety, depression or mental illness?

Yes

No

f) in the past 12 months sought medical advice or any injury or condition (other than minor ailments)?

Yes

No

3. Have you ever in respect of accident, sickness, medical or life assurance had an insurer:

Please give details

a) defer or decline a proposal, refuse renewal or terminate an insurance?

Yes

No

b) require an increased premium or impose special conditions?

Yes

No

4. Have you made a proposal for accident and sickness cover which is still outstanding?

Yes

No

4. Have you:

a) ever been insured in respect of accident or sickness cover?

Yes

No

b) ever claimed for benefits under any accident and sickness policy?

Yes

No

5. Do you smoke or have you smoked in the last 12 months?

Yes

No

6. Do you intent to smoke in the future?

Yes

No

7. What is your average weekly alcohol consumption in units (1 unit is ½ pint of beer or lager, 1 glass of wine or 1 measure of spirits)?

9. The standard policy excludes payment of benefit in respect of any injury arising whilst taking part in sports, motorcycling or hazardous pastimes. Do you take part in such activities?

If yes, please provide full details

Yes

No

Declaration

Please sign this declaration once you have read it together with the Important Notes. If you are unsure as to whether any information should be given, you should provide it.

I declare that:

I will inform the underwriters of any changes that occur before the plan commences. I understand that failure to do so may result in the contract being declared void and that a claim for the proceeds may not be paid.

If you are applying for insurance with other companies at the same time, by signing the Declaration you are consenting to copies of the medical report being sent to these companies at their request. However if we are approached by another company to provide copies of highly sensitive information, we will ask for your specific written permission before doing so.

To the best of my knowledge and belief all the statements made, which includes anything I have said, have been recorded accurately in this application or are attached in a sealed Private and confidential envelope and are true and complete. This disclosure will form the basis of the contract.

I agree to the underwriters obtaining medical information from any doctor I have consulted about my physical or mental health, in order to assess my proposal.

We may obtain relevant information from other insurers about previous or concurrent applications for life, critical illness, sickness, disability, accident or private medical insurance that you have applied for. I authorise those asked for such

information to provide it on production of a copy of this consent. This consent allows underwriters to obtain medical reports at any time during the life of the plan or after my death to support any claim made on the plan proceeds.

I agree that a copy of the agreement given in this declaration will have the validity of the original.
I agree to underwriters accepting medical reports faxed directly to Harvington from my doctor's surgery. I also do not* object to copiers of the report being faxed to any other company that I have applied to at their request. (Delete "not" if you do not wish us to fax information.

Data Protection Act 1998

I hereby consent to any information you may have about me being processed by you for the purposes of providing insurance and claim handling, which may necessitate your providing such information to third parties.

By signing this declaration I am allowing underwriters to process my application using the information that I have provided. This information can also be used to process any claim made on this policy. I have read the Declaration, Important Notes and information relating to my rights under the Access to Medical Reports Act.

signed

date

Important Notes

None of these plans will commence until we have assessed and accepted your application and confirmed this to you in writing. If you have a birthday while your application is being processed the terms may differ from those originally quoted.

In most instances your payment will be as originally quoted. Revised terms may be offered to you but occasionally we may be unable to accept your application.

We may ask you to contact your doctor to speed the completion of reports which we have requested.

If we ask you to attend a medical examination, it may be necessary for us to share the application information with another company authorised by us. They will make the arrangements for the examination to take place.

Underwriters have a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals only.

It may be necessary to end your application and relevant medical reports to our underwriters or their reinsurers for their opinion or agreement of the terms offered.

You can obtain details of the general insurance principles and details of any company used to assess your application from Harvington Underwriting.

On occasion the faxing of medical reports may help to ensure a speedier assessment of your application. If you do not agree to allow the faxing of information, please delete the appropriate part of the declaration.

The underwriters abide by the ABI Genetics Code of Practice and a copy of this is available on request.
You are entitled to ask for a copy of the terms and conditions of your chosen plan and a copy of your application form.

Access to Medical Reports Act 1988

It may be necessary for us to obtain medical reports to support your application. Before we can ask any doctor that you have consulted to complete a report, we need your permission under the Access to Medical Reports Act 1988

Your rights under the Act are as follows

You do not have to give your consent, but if you do not we will be unable to proceed. This does not stop you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us. In this case we will ask the doctor to retain the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within 6 months of it being sent to us. A duplicate report can be sent to your doctor on request should you wish to see it at a later date.

If you consider any aspect of the report to be incorrect or misleading, you may ask your doctor to amend it. If your doctor refuses to make the amendments, you may ask him / her to attach a statement outlining your views which will then accompany the report.

Your doctor can withhold access to the report if he feels that it would cause physical or mental harm to you or others.

Your medical report will contain details of relevant consultations, treatment, operations, investigations and test results that you have undergone at any surgery, hospital or clinic. Your consent will give the underwriters access to this information.

If you have any questions regarding your rights under the Act or relating to the process of obtaining, assessing or storing medical information, please write to the Accident and Health Underwriter at Harvington Underwriting

I do not* wish to see the report before it is sent to the underwriters. (* Delete as necessary)

Harvington Underwriting Limited, The Lodge, Dresden House, 51 High Street, Evesham WR11 4DA Tel 01386 442722 Fax 01386 421155

Registered Office: The Retreat, Village Street, Harvington. WR11 8NQ Registered in England No 343743

Harvington Underwriting Ltd is an independent insurance intermediary authorised and regulated by the Financial Services Authority.

We place insurances with a number of different underwriters. This insurance is underwritten by Groupama Insurance Company Limited. Groupama Insurance Company Limited is authorised and regulated by the Financial Services Authority