

eSelect Protection – income protection, houseperson's benefit and pension contribution protection benefit

Adviser's data capture form

This is not an application form

It is intended simply to help advisers gather information before submitting it on behalf of their customers using the eSelect Protection on-line application process.

This form must not be sent to Friends Provident. It will not be processed and will be returned to you.

Commission

Initial commission	% basic commission to be taken	%
	fixed total initial amount	£
Renewal commission	% premium (maximum 2.5%)	% a year

Basis of sale

Advised sale?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Introduction

Notes

- You should explain to your customer that the information supplied here, together with any other information collected subsequently will form part of the application that you submit electronically to Friends Provident. We ask only relevant questions. Therefore you and the customer should assume that if we ask a question, it is important. The customer must answer all questions accurately and completely to the best of their knowledge. If they do not, Friends Provident will be legally entitled not to pay a claim and to cancel the policy.
- **Please ensure that your customer informs us if anything about their health or circumstances changes before we have assumed risk for all the cover applied for.** We need to know of any changes which would have resulted in different replies to questions asked either:
 - on or resulting from the application or other questionnaire; or
 - by any doctor or nurse acting on our behalf.

Changes would include having or expecting to have doctor, hospital or clinic consultations, treatment as an in-patient or out-patient or a blood test for any reason. We also need to know immediately if they change their occupation or take up any hazardous sports or pastimes before cover starts.

If we are advised of any changes we will confirm in writing whether or not any terms quoted will still apply.

- We may ask them to contact their doctor if we are waiting for reports, which we have asked for.

If we ask them to attend a medical examination, we will need to share the application information with any company we authorise to conduct such examinations. They will make the arrangements for the examination to take place.

We may need to send their application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered or, we may need to send them at a later stage for purposes relating to managing the policy. They can get details of general reassurance principles and details of any company we use to assess their application, from our head office.

- Please ensure that you have given your customer a key facts leaflet and an illustration.
- You should ensure that when using the eSelect Protection on-line application facility you comply at all times with the terms of business agreed between your firm and Friends Provident.

Medical evidence

- Please remind your customer that if there is nothing disclosed in their personal or family history to require it, we will not usually obtain a report from their General Practitioner or need a medical examination unless the sum assured exceeds specific levels based on age.
- Please remind your customer that, even if we do request a report from their doctor, that does not remove their duty to disclose all facts to Friends Provident. It is therefore important that they answer all questions as fully and accurately as possible.

Non smoker discount

- To qualify for 'non-smoker' status rates your customer must not have used any form of tobacco or nicotine products within the last twelve months. We reserve the right to check the accuracy of the reply if your customer has stated that he or she does not use any form of tobacco or nicotine products.

Confidentiality

- Friends Provident has a confidentiality policy in place, which means that your customer's medical information is held securely and access is limited to authorised individuals who need to see it. Your customer is entitled to ask for a copy of our confidentiality policy.

Terms and conditions

- Full details of the terms and conditions of all Friends Provident's plans are available on request (eSelect Protection terms and conditions are available on-line).

Definitions

For the purpose of this document, HIV will have the following definitions:

HIV: Human Immunodeficiency Virus

This is a viral infection caused by the human immunodeficiency virus that gradually destroys the immune system.

Marital/civil partnership status

The Civil Partnership Act came into force in December 2005. Should this apply to your customer, we have provided the following guide to help you complete this section.

Civil partner – use this status if your customer has registered their civil partnership.

Former civil partner – use this status if your customer was previously part of a registered civil partnership in respect of which a court has made a dissolution or nullity order.

Separated civil partner – use this status if your customer's registered civil partnership has broken down but has not yet been dissolved by court order.

Surviving civil partner – use this status if your customer was part of a registered civil partnership, but your customer's partner has died.

Data protection

Please ensure you obtain your customer's agreement that the data you input to eSelect Protection on-line on their behalf can be viewed by Friends Provident and relevant third parties.

Friends Provident will use the information from this application (as well as information about the applicant relating to any existing policy they may have with Friends Provident) for the following purposes:

- a) for administration and underwriting
- b) to assess any claim
- c) for research and statistical purposes.

Friends Provident may share the information with:

- a) third parties acting for Friends Provident for the above purposes including medical practitioners, reinsurers and any agency appointed by Friends Provident in the UK or any other country (which may not have laws to protect the information). Details of the countries involved, for this application, will be provided on request. Friends Provident will remain responsible for ensuring that the information is held securely.
- b) the Association of British Insurers (ABI) in order that they can make it available to other insurers. The ABI will also make available to Friends Provident information about any claims that the applicant may have in connection with critical illness, income protection, or waiver benefits with another insurer.
- c) third parties for the prevention or detection of fraud, enabling assets to be rightfully claimed or where required by law or regulation.

Friends Provident have a confidentiality policy in place, which means we hold all medical information securely and access to it is limited to authorised individuals who need to see it. The applicant is entitled to see a copy of our confidentiality policy.

Taxable earned income

If the life insured is employed, this is

- their pre-tax earnings for PAYE assessment purposes, as currently shown on HM Revenue & Customs form P60, and the benefits in kind they receive, as shown on HM Revenue & Customs form P11D.
- the dividends they receive from a private limited company in which they and not more than three other shareholders are employed as full-time working directors, and which represent their share in the net trading profit of that company from its normal regular business.

If the life insured is self-employed, this is:

- Their share of pre-tax profit, after deduction of trading expenses, from their trade, profession or vocation, for the purpose of part 2, Income Tax (Trading and Other Income) Act 2005, as assessed for income tax and agreed by HM Revenue and Customs.

NB. Income from savings, drawings and investment, except for dividends as described above, should NOT be included for either the self employed or employed.

Quote details

Package reference (if known)

Agency number (if known)

Cover required

Choose one of the following cover types:

Income protection cover

Houseperson's cover

Pension contribution protection benefit only (PCPB)

Date of birth

Has the applicant used any form of tobacco or nicotine products (e.g. patches, gum, etc) in the last 12 months? Yes No

Occupation

For Income Protection Cover please complete the following:

Note: Maximum income protection benefit £3,000.00 a week including any existing cover. Applicant must be employed or self employed and must be regularly working 16 hours a week or more. Maximum pension contribution protection benefit £110.00 a week including any existing cover.

It is important that the applicant reads and understands the key facts leaflet and policy conditions that will apply to their policy. They should understand the pre-incapacity earnings and continuing income that Friends Provident will take into account when financially assessing a claim. Friends Provident will pay the level of cover that is selected only if the applicant's pre-incapacity earnings and continuing income at the time of a claim justify it.

Please ensure they understand our definitions of pre-incapacity earnings, continuing income, maximum insurable benefit and limitation of amount payable in the Income Protection policy conditions.

Quotation basis Weekly benefit Annual salary Premium amount

Premium frequency Monthly Yearly

Cover term or ceasing age Years 50 – 70 years

Increasable insurance option Yes No

Cover basis Level Increasing at 5% Increasing at RPI

	Deferred period	Income protection benefit amount	PCPB amount
Quotation based on Weekly benefit	4 weeks	£ <input type="text"/>	£ <input type="text"/>
	13 weeks	£ <input type="text"/>	£ <input type="text"/>
	26 weeks	£ <input type="text"/>	£ <input type="text"/>
	52 weeks	£ <input type="text"/>	£ <input type="text"/>

Or (for income protection benefit only)

Premium amount £

Deferred period (choose between 4, 13, 26 and 52 weeks)

Or (for income protection benefit only)

Annual salary £

Deferred period (choose between 4, 13, 26 and 52 weeks)

For Houseperson’s cover please complete the following:

Note: Maximum benefit £300.00 a week including any existing cover.

It is important that the applicant reads and understands the key facts leaflet and policy conditions that will apply to their policy. They should understand the continuing houseperson’s income that Friends Provident will take into account when financially assessing a claim. Friends Provident will pay the level of cover that is selected only if it is justified at the time of a claim.

Please ensure they understand our definitions of continuing houseperson’s income, maximum insurable houseperson’s benefit and limitation of amount payable in the Houseperson’s cover policy conditions.

Weekly houseperson’s benefit amount	£	
Premium amount	£	
Weekly houseperson’s PCPB amount	£	
Premium frequency	Monthly	Yearly
Cover term or ceasing age	Years	50 – 70 years
Deferred period	4 weeks	
	13 weeks	
	26 weeks	
	52 weeks	

For pension contribution protection benefit only please complete the following:

Note: Maximum benefit £110.00 a week including any existing cover. The applicant must be employed or self-employed and must be regularly working 16 hours a week or more. It is important that the applicant reads and understands the key facts leaflet and policy conditions that apply to their policy. Friends Provident will pay the level of cover that is selected only if it is justified at the time of a claim.

Please ensure they understand the limitation of amount payable condition in the income protection policy conditions.

Quotation based on	Weekly benefit	Premium amount
Premium frequency	Monthly	Yearly
Cover term or ceasing age	Years	50 – 70 years
Deferred period	4 weeks	
	13 weeks	
	26 weeks	
	52 weeks	
PCPB amount	£	
Premium amount	£	

Contact details

Title

Surname

First name(s)

Address

Town

County

Postcode

Is the applicant going to change their contact details in the next 3 months?

If yes, future address

Town

County

Postcode

It may be necessary for one of our underwriters to contact the applicant to discuss the information you have provided. This will help to speed up the underwriting of the application.

Preferred contact telephone number (inc std code)

Email address

Personal details – Part 1

Medical history

Please explain the following to your customer and ask them to answer each of the following questions, putting each of the questions to your customer in full.

You and your customer should assume that if we ask a question, it is important. Therefore the customer must answer all questions accurately and completely to the best of their knowledge. If they do not, Friends Provident will be legally entitled not to pay a claim and to cancel the policy. If the answer to any question is 'Yes' they must give full details disclosing all facts as they can influence the assessment and the acceptance of the application.

They must not assume that any information will be obtained from a doctor or any other source that we may write to, or from any other application.

Marital/civil partnership status (See Introduction)

What is their height? ft ins or cm

What is their weight? st lbs or kg

Has the applicant recently lost or gained any weight?

If yes please provide details

Personal details – Part 1 (continued)

Have they used any form of tobacco or nicotine products (e.g. patches, gum, etc) in the last 12 months? Yes No

Number of cigarettes a day

Number of cigars a day

Pipe Smoker Yes No

Other tobacco or nicotine product (for example patches, gum) Yes No

How many units of alcohol do they drink a week? (1 unit = a single measure of spirits or 1 glass of wine or ½ pint of beer)

Have they ever been advised to stop or reduce drinking on medical grounds? Yes No

Has the applicant ever taken non-prescription drugs? (for example ecstasy, cocaine, heroin, anabolic steroids) Yes No

Within the last 5 years has the applicant been exposed to the risk of HIV infection? Yes No

If yes please provide details

Note: HIV can be caught through unsafe sex, intravenous drug abuse, blood transfusions undertaken outside the European Union or surgery undertaken outside the European Union.

Have they ever applied to Friends Provident for income protection or PHI? Yes No

Have they ever made a waiver, income protection or critical illness claim against Friends Provident? Yes No

Are they applying or about to apply for any other life, critical illness or income protection cover with Friends Provident or have they done so in the last 12 months Yes No

Have they ever been turned down or been offered special terms by any company including Friends Provident? Yes No

Name and address of their usual doctor* (Please make your customer aware we may not contact their doctor. Even if we do, they must still disclose all facts when completing the application).

 Town
 County

Postcode

Telephone number (inc std code)

* You will only be asked to input these details online if further medical evidence is required or if the application is referred to Friends Provident.

Medical history

Please explain the following to your customer and ask them to answer each of the following questions, putting each of the questions to your customer in full.

You and your customer should assume that if we ask a question, it is important. Therefore the customer must answer all questions accurately and completely to the best of their knowledge. If they do not, Friends Provident will be legally entitled not to pay a claim and to cancel the policy. If the answer to any question is 'Yes' they must give full details disclosing all facts as they can influence the assessment and the acceptance of the application.

They must not assume that any information will be obtained from a doctor or any other source that we may write to, or from any other application.

In accordance with the Association of British Insurers' policy on genetics and insurance, the applicant does not need to tell us about any genetic test result they have had in respect of their application.

However, they must tell us if they either have a family history of, have or are experiencing symptoms of, or have had or are having treatment for, a medical condition including any genetically inherited condition.

If they wish to disclose to us a negative genetic test result, which shows us that they have not inherited a genetic disorder, we will take this into account in setting their premium, providing their clinical geneticist confirms that this test result indicates a reduced risk of developing the inherited disease.

Does the applicant currently have or have they ever had:

1 Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Heart disease (including heart attack, angina, heart defects from birth or heart surgery)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Stroke, brain haemorrhage or brain injury	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Multiple sclerosis, retrobulbar or optic neuritis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia or cerebral palsy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 Any other disorder of the central nervous system not already mentioned	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Disease or disorder of the arteries (including disease in the legs or of the aorta)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7 Diabetes or sugar in the urine	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8 Mental illness that has required hospital treatment or referral to a psychiatrist	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Recent health

In the last 5 years has the applicant had:

1 A mole or freckle that has bled, caused pain or changed in appearance or any lump or growth	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Chest pain, irregular heartbeat, raised blood pressure or raised cholesterol	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Asthma, bronchitis or any other respiratory disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Numbness, loss of feeling or tingling of the limbs or face, loss of balance or co-ordination	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 Seizures, fits, fainting or blackouts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Any disorder of the eyes or ears, including blurred or double vision, or impaired hearing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
The applicant can ignore sight problems corrected by glasses or contact lenses		
7 Arthritis, back pain, sciatica, neck, knee or wrist pain or any other joint, bone or muscle disorder (including RSI)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8 Any disorder of the digestive system, liver, stomach, pancreas or bowel (including ulcers, hepatitis, colitis or Crohn's disease)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9 Any blood disorder or anaemia	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10 Any thyroid disorder	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11 Any disorder of the kidney, bladder or genitourinary system (including urinary tract infections and blood or protein in the urine)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Recent health (continued)

- 12 Any treatment or a positive test for any disease which was transmitted sexually Yes No
- 13 Depression, anxiety, stress, fatigue or nervous breakdown Yes No

Health consultations

- 1 Other than consultations specifically mentioned above, in the last 12 months, has the applicant had any medical consultation? (for example, doctor, consultant, psychiatrist, hospital, clinic, osteopath) Yes No

In answering Question 1 they do not need to give details of occasional consultations with their GP for just colds, flu, and for consultation for oral contraceptive pills, smear tests, well man/woman check ups where the results are known and were normal.

- 2 Have they had (or been advised to have) any medical investigation, scan, test or attended hospital in the last five years? Yes No
- 3 Are they awaiting any medical consultation, check up, investigation, scans or tests? Yes No
- 4 Have they been prescribed any drugs or been given any other treatment in the last 12 months? Yes No
- 5 Have they ever tested positive for HIV, hepatitis B or C or are they awaiting the results of such a test? Yes No

Note: If the result is negative, the fact of having an HIV test will not in itself have any effect on their acceptance terms for insurance

If the applicant answered 'Yes' to any of the questions, you can use the space below to collect any other information you may find helpful when completing the online application.

To speed up the application please try and record the following medical information:

- What was/is the condition?
- When was it? (dates)
- How long did it last for? (days, months, years)
- What was/is the treatment? (names of prescription medication if applicable)
- Amount of time off work as a result? (days, months, years)
- Details of any residual symptoms?

This may include the details of the illness, treatment, any referral to specialists, results of investigations and tests and time off work.

But please note that you may still need to refer back to the applicant for further details depending upon the precise information needed by our underwriting system.

Family health

Before the age of 60, did the applicant's parents or any of the applicant's brothers or sisters suffer or die from heart disease, cardiomyopathy, raised cholesterol, stroke, diabetes, cancer, multiple sclerosis, Huntington's disease, polycystic kidney disease polyposis of the colon, or any other hereditary disorder not listed above?

1 Heart disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Cardiomyopathy?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3 Raised cholesterol?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4 Stroke?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5 Cancer – breast?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6 Cancer – ovarian?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7 Cancer – bowel or colorectal cancer? (for example cancer of the bowel or colon or rectum)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8 Cancer – other? (ie not breast, ovarian, bowel or colo-rectal)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9 Diabetes?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10 Multiple sclerosis?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11 Huntington's disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12 Polycystic kidney disease?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13 Polyposis of the colon?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14 Any other hereditary disorder?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If the applicant answered yes to any of the questions above, please give details below.

Disease	Family member	Age at onset

Pastimes

Does the applicant take part in any hazardous sports or pastimes, or do they intend to start? The following are examples, but you should include any activities that are hazardous.

If their involvement is, or will be, limited to one occasion, for example a race day, a flying lesson, a trip in a hot air balloon or a team building exercise, and they have no intention of pursuing the activity further, you need not disclose it.

Diving?	Yes <input type="checkbox"/>
Flying?	Yes <input type="checkbox"/>
Motor sports?	Yes <input type="checkbox"/>
Mountaineering/rock climbing?	Yes <input type="checkbox"/>
Other?	Yes <input type="checkbox"/>

Occupation details

If the applicant is applying for Income Protection Cover or pension contribution protection benefit please ask them to answer all questions.

If the applicant is applying for Houseperson's Cover or houseperson's pension contribution protection benefit please ask them to answer questions 1 to 8 and question 13.

1 Does the applicant intend to live, work or travel abroad, other than for holidays, or have they done so within the past 5 years? Yes No

2 What is the applicant's occupation?

3 % of time spent on manual work %

By manual work we mean those activities such as

- carrying or lifting
- moving goods
- working with tools or machinery
- crawling or kneeling

which form part of their normal day to day occupational duties

4 Business miles a year

5 Hours worked a week

6 Are they currently absent from work? Yes No

7 Do they have a second job? Yes No

a) What is their second occupation?

b) % of time spent on manual work in second job %

c) Business miles a year

d) Hours worked a week

8 Have they had any time off work within the last 2 years due to illness or injury? Yes No

Note: They can ignore minor ailments such as colds or flu if together they total less than 10 days per year

9 Is the applicant self-employed or a shareholding director? Yes No

a) What is the size of their workforce?

10 Annual amount of taxable earned income £

Note: Please refer to the Taxable earned income section in the Introduction for guidance.

What is the weekly amount of continuing income expected to be received by the applicant during a claim? Please ensure that the applicant understands the continuing income that Friends Provident will take into account when financially assessing a claim by referring to the relevant policy conditions for income protection or Houseperson's Cover.

11 Weekly amount of state benefit during claim £

12 Weekly amount of benefit from other insurances during claim £

13 Weekly amount of other continuing income during a claim £

Please capture your customer's bank or building society details to pay Direct Debit

Instruction to your customer's bank or building society to pay by Direct Debit



Name of account holder

Branch sort code — —

Bank/building society account no.

Name and full postal address of your Bank/building society


Bank/building society

Postcode:

Please pay Friends Provident Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. The applicant understands that this Instruction may remain with Friends Provident and if so, details will be passed electronically to their Bank/building society. Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- **This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.**
- **If there are any changes to the amount, date or frequency of your Direct Debit Friends Provident will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Friends Provident to collect a payment, confirmation of the amount and date will be given to you at the time of the request.**
- **If an error is made in the payment of your Direct Debit, by Friends Provident or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society**
 - **If you receive a refund you are not entitled to, you must pay it back when Friends Provident asks you to.**
- **You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.**

After submitting details on eSelect Protection on-line you will be informed if Friends Provident requires a General Practitioner’s Report. If we do, you should print that report off eSelect Protection on-line and forward it, together with the applicant signed consent, to their doctor direct. Whilst it is not known at this stage if a report will be needed, in order potentially to save time later, you may wish to ask the applicant to consider and complete the appropriate consent now. This consent is set out below.

Please note Friends Provident may not contact the customer’s doctor. Even if Friends Provident does, the customer must still disclose all facts when completing the application.

Access to medical reports

Please note we may not contact your doctor. Even if we do, you must still disclose all facts when completing the application.

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in 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 need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.

You can ask to see the report before the doctor returns it to us; if this is the case, we will tell the doctor to keep 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 six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not factually correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

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

The medical report your doctor fills in may ask about any of the following:

- Your current health
- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health
- Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
- Malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
- Musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- Anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
- Suicidal thoughts or attempts at suicide; or
- Conditions related to drug or alcohol misuse or smoking or chewing tobacco
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations
- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

We ask your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- Applying an exclusion to the cover; or
- Setting premiums at standard rates.

If you have any question about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: The Chief Medical Officer, Friends Provident Life Assurance Limited, PO Box 1550, Milford, Salisbury SP1 2TW

Declaration

I agree to Friends Provident asking any doctor I have consulted about my physical or mental health to provide medical information so that Friends Provident may assess the application. They may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance on my life that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form, including after my death to support any claim made on the plan proceeds. This information can also be used to maintain management information for business analysis.

I have read and understood the section above relating to access to medical reports.

I do not want to see the report before it is sent to the company

I do want to see the report before it is sent to the company

Signature
Date

Declaration

Please note that this data capture form is intended to **help** advisers gather information before submitting it on behalf of their customers, using the **eSelect Protection online application process**. When submitting an application online, advisers must ensure they read and fully comply with the online declaration and acceptance they make on their client's behalf.

This is not an application form.

This form must not be sent to Friends Provident. It will not be processed and will be returned to you.

Friends Provident Life Assurance Limited

Salisbury Office: United Kingdom House, Castle Street, Salisbury, Wiltshire SP1 3SH

Registered and Head Office: Pixham End, Dorking, Surrey RH4 1QA

Incorporated company limited by shares and registered in England number 782698

www.friendsprovident.com Telephone 0845 602 9189

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