

E. Employers Consent Form

Certificate Number or Policy Number

Please complete the following questions so that your employer can identify you and provide us the information, as set out under the Data Protection Act 1998, as we need your consent so that we can complete our assessment of your personal accident / income protection claim.

Your Compass Certificate Ref.

The name of your employer

Their contact address

Postcode

Your full name

Your full address

Postcode

Your date of birth

Your National Insurance Number

Your full payroll number:

(You must provide this information as shown on your pay advice slip)

I hereby confirm that I agree in authorising my employer, as named above, disclosing personal information about me to Compass Underwriting Limited and agree that a copy of this consent shall have the validity of the original.

Signed

Date

Name