

Application form

incomePROTECTION

1 Personal Details

- To apply for **incomePROTECTION**, complete this Application Form in **BLOCK CAPITALS** using a ball point pen (blue or black ink).
- Insurance begins when Compass Underwriting on behalf of the insurer has accepted your application and confirmed this to you in writing.
- You must give full and true answers to all questions. If you do not do so, your insurance cover may not protect you in the event of a claim.
- You should keep a record of all information supplied to Compass Underwriting (including copies of correspondence).
- A copy of the Application Form can be supplied on request within a period of 3 months after its completion.
- A copy of the Policy is available on request.

Title	Full name of Applicant	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address		Home telephone number
<input type="text"/>		<input type="text"/>
<input type="text"/>		Email address
<input type="text"/>		<input type="text"/>
Postcode		

Employment status - Please tick the appropriate box

<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Company Director	<input type="checkbox"/> Contract Worker
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What is your gross monthly income?	Length of service with current employer (or being self-employed)	What is your height?	What is your weight?
<input type="text"/> /month	<input type="text"/> yrs <input type="text"/> mths	<input type="text"/> ft, or <input type="text"/> m	<input type="text"/> stones, or <input type="text"/> kg

What is the name of your employer?

What is your employer's particular industry or profession?

What is your particular occupation? Detail any manual or hazardous work, i.e. working at heights, lifting, cutting, welding etc.

Benefit period	Deferred period	Additional requirements/information
<input type="checkbox"/> 12 months	<input type="checkbox"/> 14 days or other <input type="text"/> days	<input type="text"/>
<input type="checkbox"/> 24 months	<input type="checkbox"/> 28 days or other <input type="text"/> days	
<input type="checkbox"/> Other <input type="text"/> months	<input type="checkbox"/> Other <input type="text"/> days	

(If you have selected the "Other" options we will provide, if possible considering your occupation and circumstances, the relevant terms and conditions).

Subject to underwriting when would you like cover to start?

Under no circumstances can cover under **incomePROTECTION** be backdated

2 Benefit & Premium Information

A Enter the monthly benefit your require (maximum 66% of gross monthly income) - optional	£ <input type="text"/>
B Enter the lump sum benefit - optional	£ <input type="text"/>
C Enter the premium rate for A (enter premium rate, if known)	£ <input type="text"/>
D Enter the premium rate for B (enter premium rate, if known)	£ <input type="text"/>
E Calculate your monthly premium using the formula (A x C + B x D)	£ <input type="text"/>

Insurance Premium Tax at the applicable rate has been included in the premium and will be amended in line with any Government changes.

3 Underwriting Details

Please answer the following questions by ticking the appropriate box.

	Answers	
	YES	NO
Are you in work and have you been continuously working for the past 12 months (apart from holidays) in the UK?	<input type="checkbox"/>	<input type="checkbox"/>
Are you currently receiving medical treatment, medication or medical care of any kind, or awaiting referral for consultation, therapy, surgery or any other form of treatment?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any illness or other treatment in the last three years including ever attending any hospital or clinic or had any specialist tests or investigations including those of a routine or minor nature?	<input type="checkbox"/>	<input type="checkbox"/>
Has any application for life, critical illness, health, mortgage payment protection or incapacity income protection or similar insurance on your life ever been postponed, declined, withdrawn or had any special terms imposed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have any other similar insurances that in any way protect your income? (i.e. from mortgage payment protection, loan, income protection or credit card cover. If "yes", please give the amount of benefit, deferred period and duration)?	<input type="checkbox"/>	<input type="checkbox"/>
Have you EVER suffered from cancer, heart problems, stroke, depression, organ failure, arthritis or other degenerative conditions?	<input type="checkbox"/>	<input type="checkbox"/>
Has any incapacity or illness during the last 36 months resulted in you taking more than 10 consecutive days off work?	<input type="checkbox"/>	<input type="checkbox"/>

Important Note - If you have ticked any of the shaded boxes above, please provide further information on a separate sheet including dates, treatment details and the like.

You must tell us if you are aware of any circumstances which may put your health at risk or lead to a claim under incomePROTECTION.

Declaration of Insurance

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

I declare that:

I will inform the insurer of any changes that occur before this insurance commences. I understand that failure to do so may result in this insurance being declared void and that a claim for the benefits may not be paid.

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 as attached and are true and complete. This disclosure will form the basis of the contract.

I understand that this contract will renew at the end of each 12-month period subject to the terms and conditions of this insurance and as specifically stated in the key features document which I confirm I have read and understood. I also understand that I will not be required to complete a new direct debit mandate when the contract renews, though I may be required to complete a declaration of health.

I agree to the insurer obtaining medical information from any doctor I have consulted about my physical or mental health, in order to assess my proposal. The insurer may obtain relevant information from other Insurers about previous or concurrent applications for incapacity insurance that I have applied for.

I authorise those asked for such information to provide it on the production of a copy of this consent. This consent allows the insurer and Compass to obtain reports at any time during the life of the plan 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.

Data Protection Act 1998

To set up and administer your policy AXA Insurance UK plc and Compass Underwriting Limited will hold and use information about you supplied by you and by medical providers. We may send it in confidence for processing to other companies in the AXA Group (or companies acting on our instructions) including those located outside the European Economic Area.

By signing this declaration you consent to such use of your personal data.

Important Notes:

You are free to choose the Law applicable to this insurance. Unless specifically agreed to the contrary this insurance shall be subject to English Law and the exclusive jurisdiction of the English Courts.

You are reminded that you must inform us within 30 days if your occupation changes or you change employer at any time during the period of this insurance.

Full name of Applicant in block capitals	Signature of Applicant	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>



Instructions to your bank or building society to pay direct debits



Originators identification number

7 2 8 0 1 0

Name(s) of account holder(s)

Compass Underwriting Ltd reference number (office use only)

Bank or building society account number

Branch sort code

Instruction to your bank or building society

Please pay Compass Underwriting Ltd direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee. I understand that this instruction may remain with Compass Underwriting Ltd and if so details will be passed electronically to my bank or building society.

Name and full postal address of your bank or building society branch

The Manager	Bank or building society
Postcode	

Signature (1)
Signature (2)
Date

Banks or building societies may not accept direct debit instructions on some types of accounts



This guarantee should be detached and retained by the payer

Direct debit guarantee

This guarantee is offered by all banks and building societies that take part in the direct debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.

If the amounts to be paid or the payment dates change, Compass Underwriting Ltd will notify you five working days in advance of your account being debited or as otherwise agreed.

If an error is made by Compass Underwriting Ltd or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a direct debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.



What to do now

- ✓ Please detach the application form from the key features document
- ✓ Please ensure you have completed and signed the relevant sections of the application form
- ✓ Please ensure that you have completed and signed the Direct Debit Mandate
- ✓ Please forward the completed documents to your insurance intermediary at the address shown over the page



40 Lime Street, London, EC3M 7AW
Telephone: 020 7398 0100 Facsimile: 020 7398 0109
Email: london@compassuw.co.uk Website: www.compassuw.com

Agent Number

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Agent Stamp

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Important Notes

This insurance will not commence until we have assessed and accepted your application and confirmed this to you in writing.

In most instances your payments will be as originally quoted. Revised terms may be offered to you, but occasionally we may be unable to offer any terms.

We may ask you to contact your doctor to speed up 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, usually by telephone.

The insurer has 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 send your application and relevant medical reports to our insurer for their opinion or agreement of the terms offered.

You are entitled to ask for a copy of the terms and conditions of your insurance at any time and can request a copy of your application form within a period of 3 months after its completion.

The law and courts of England, Scotland and Wales will decide any dispute.

The UK Financial Services and Markets Act 2000 covers your plan. It is designed to protect you if the insurer become insolvent.

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 may 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. If this is the case, we will tell 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 the 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 us and the insurer access to this information.

If you have any questions regarding your rights under the Act or any questions relating to the process of obtaining, assessing or storing medical information, please write to the Chief Medical Officer at our Head Office.