

Important - Please read this notice before completing this proposal form. To avoid delay all questions should be answered fully.

All material facts must be disclosed as failure to do so could nullify any insurance issued. A material fact is one likely to influence the assessment and acceptance of this proposal by underwriters and if there is any doubt about whether certain facts are material, those facts should be disclosed. If you consider that the reply to any question in the Proposal Form requires expert knowledge, which you do not have, please indicate this in your answer.

A copy of the wording and completed proposal form is available from your intermediary on request. You are free to choose the law applicable to these insurance contracts. Unless specifically agreed to the contrary these insurances shall be subject to English Law and the exclusive jurisdiction of the English courts.

You are reminded that you must inform underwriters if there is any change in your health or you suffer any illness or injury between the time you complete this proposal and when you receive your certificate of insurance. You must also notify underwriters if your occupation/employer changes at any time during the period of insurance.

Intermediary's address, account number and contact details:

## SECTION A

### Insurance Required. This section to be completed by your intermediary.

#### INCOME PROTECTOR

Accidental Death and Disablement lump sum benefit:

Sum insured required: £

Cover includes you being permanently totally disabled from your usual occupation caused by an accident.

Do you wish this section extended to include sickness cover?  (3)

Income Protection:

Cover for: Accident & Sickness  (3)

Accident Only  (3)

Weekly sum insured: £  /week  
(must not exceed your net weekly income)

Waiting Period:

The standard waiting period is 14 days for white collar/ office based occupations and 28 days for more manual occupations. If you choose a longer waiting period this may result in a lower premium being quoted. (check with your intermediary for more details).

Standard  (3) 3 4 9 13 26 weeks  
Please circle your preferred waiting period

Benefit payable for:

The standard plan provides benefit for 104 weeks for accident and 52 weeks for sickness (if chosen). You may choose a different benefit period that will apply to both accident and sickness cover.

Standard  (3) 13 26 52 104 weeks  
Please circle your preferred benefit period

Refer to your Compass product manual (if available) otherwise leave blank.

Occupational Class Code

Annual Premium (excl IPT) £

#### TERM LIFE PROTECTOR

Period of Insurance  years Annual Premium £   
(max 10 years)

Sum assured required: £  Refer to your Compass product manual (if available) otherwise leave blank.

#### CRITICAL HEALTH PROTECTOR

Monthly Renewable Plan  (3) Annual Premium £

10 Year Plan  (3) Refer to your Compass product manual (if available) otherwise leave blank.

Sum assured required: £  (Maximum benefit is £250,000)

#### UNEMPLOYMENT PROTECTOR

Monthly Renewable Plan  (3) Benefit payable for:

5 Year Plan  (3) 12-Months (excess 30 days)  (3)

Monthly sum insured: £  /month 24-Months (excess 60 days)  (3)

(The maximum monthly sum you can insure is £1000. The monthly sum insured can be no more than 66% of your gross monthly income less any other applicable insurance cover.) Cover for: Accident, Sickness and Unemployment  (3)

Monthly Premium  £ Unemployment only  (3)  
(excl. IPT)

Refer to your Compass product manual (if available) otherwise leave blank.

#### ANNUAL TRAVEL INSURANCE

If you wish to receive an application form please place a tick in the box.  (3)

#### NOTICE

APPLICABLE TO ALL THE ABOVE PRODUCTS:  
Subject to underwriting and our formal acceptance when would you like your cover to start?

We reserve the right, at any time, to amend any plan details or options shown in this proposal.

## SECTION B

## Person to be Insured

Full name of insured: (Mr/Mrs/Miss/etc)

Name of beneficiary if different from above:

Date and place of birth:

Marital status:

Full address:

Post Code:

Contact Telephone No.

Email address:

Profession or occupation:

(Including type of industry or profession and detail any manual duties)

Name of your employer:

(or state if self-employed)

Company Reg. No.

What is your length of service with your current employer?

Yrs

Mnths

What is your gross monthly income? £

/Month

(This is your monthly salary plus the average of any overtime, commission or bonus payments before tax you have received in the 12 months prior to this insurance start date).

Name and address of your doctor:

(If you have changed doctors in the last 6 months, please give particulars of both your old and new doctor).

## 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 back page if necessary). Please check to see if your chosen insurance options require any additional questions to be answered. You must complete questions 1-8 regardless.

1. (a) Do you drink alcohol?

Yes

If 'Yes' how many units do you drink a week?

per week

No

(A unit is a pub measure of wine or spirits, or a half pint of beer, lager or cider).

(b) Have you ever been advised to reduce your alcohol consumption on medical advice?

Yes

If 'Yes' please give full details including dates.

No

2. What is your height and weight?

Height:

ft

in

Weight:

st

lb

or

mtrs

or

kgs

3. Have you ever suffered from:

Please give details including dates of any treatment

(a) any disease of the heart or circulatory system, stroke or raised blood pressure?

Yes

No

(b) any kidney or bladder disorder or diabetes?

Yes

No

(c) any form of cancer, tumour or growth?

Yes

No

(d) asthma, bronchitis or any respiratory disorder?

Yes

No

(e) depression or any psychiatric, stress or nervous disorder?

Yes

No

(f) any form of back problem?

Yes

No

4. Have you:

Please give details including dates of any treatment

(a) had any other illness or required treatment in the last five years?

Yes

No

(b) ever attended any hospital or clinic or had any specialist tests or investigations including those of a routine or minor nature?

Yes

No

(c) are you currently receiving medical treatment or medical care of any kind, or awaiting referral for consultation treatment?

Yes

No

**SECTION C****Personal Details continued**

5. Do you take part in any hazardous activities or do you expect to do so in the near future?  
(These activities include for example, private flying, mountaineering, skiing, hang-gliding, football, rugby, racing, watersports or wintersports.)
- Yes  If yes, enter each hazardous activity: \_\_\_\_\_  
No  \_\_\_\_\_

*This may result in a longer waiting period. Please check with your intermediary.*

6. Have you lived or travelled outside the United Kingdom for a continuous period of more than two months in the last 10 years or do you travel to Africa, the Caribbean, the Far East, India, North and South America, other than for holidays?
- Yes  Country: \_\_\_\_\_  
No  Number of times per year: \_\_\_\_\_  
Duration of visit: \_\_\_\_\_

7. Have you any existing or pending personal accident, income protection, unemployment, life or critical illness insurance cover? (If you are waiting to hear about an application, still tick 'Yes'.)
- Yes  No
- (If 'Yes' please give details of total cover on back page)

8. Has any application for insurance by you for personal accident, income protection, unemployment, life or critical illness ever been declined, postponed, accepted at an increased premium or with an exclusion imposed, or have you ever withdrawn an application?
- Yes  No
- (If 'Yes' please give details on back page)

**ADDITIONAL QUESTIONS FOR TERM LIFE AND/OR CRITICAL ILLNESS COVER**

9. Have you smoked any form of tobacco in the last 12 months? Yes  No
10. Have any of your immediate family suffered from or died from heart disease, stroke, high blood pressure, diabetes, multiple sclerosis, kidney disease or cancer before reaching the age of 65, or suffered from any hereditary illness?
- Yes  (If 'Yes' please give full details, including dates.)  
No  Relationship \_\_\_\_\_ Disease \_\_\_\_\_  
Age Diagnosed \_\_\_\_\_ Age at Death \_\_\_\_\_
11. Have you:
- (a) ever tested positive for HIV/AIDS or are you awaiting the results of such a test? Yes  No
- (b) ever been tested/treated for any sexually transmitted diseases? Yes  No

**ADDITIONAL QUESTIONS FOR UNEMPLOYMENT PROTECTOR**

(If 'No' please give details on back page)

12. Are you permanently resident and working within the UK, Channel Islands or Isle of Man and eligible to receive Jobseeker's Allowance? Yes  No
13. Are you now and have you been for the past six months in continuous permanent employment with the same employer, contract employment or self-employment for more than 20 hours per week? Yes  No
- (If 'Yes' please give details on back page)
14. Is your work temporary, casual or seasonal (including any work for a temporary employment agency)? Yes  No
15. Have you at any time during the past 24 months been registered as unemployed? Yes  No
16. Have you been, at any time, during the past 24 months in dispute or in the course of any disciplinary action with your employer? Yes  No
17. Do you know of any redundancies, restructure, reorganisation, financial or contractual threats within the business you work in, even if you do not believe these actions will result in you becoming unemployed? Yes  No
18. Do you sit on the board of directors or similar senior management committees in the business you work in? Yes  No
19. Have there been any redundancies in the business you work in over the past 24 months? Yes  No
20. Do you hold any shares in the business you work in? Yes  No

**PLEASE NOW SIGN AND DATE THE  
DECLARATION OVERLEAF**

# 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 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, proposal form and other documents 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 and are true and complete. This disclosure will form the basis of the contract.

I agree to 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 my employer or other Insurers about previous or concurrent applications for life, critical illness, sickness, disability, accident, unemployment or private medical insurance that you 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 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 wish to receive information advising me of other products and services offered by Compass. (You will not receive any other literature from us if the box is not ticked).  (3)

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 Compass from my doctor's surgery. I also do not\* object to copies of the report being faxed to any other company that I have applied to at their request. (\*Delete the 'not' if you do not wish us to fax the 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 claims 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 on the back page.**

signed

dated

# PAYMENT

Payment can be made either to your intermediary or to Compass Underwriting Limited or by completing the attached Direct Debit Mandate.

Please be aware that each product you have applied for will be deducted separately, however you need only complete the one Direct Debit form.

# DIRECT DEBIT FORM



Instructions to your Bank or Building Society to pay by Direct Debit

Please fill in the form using a ball point pen and send to:

Compass Underwriting Limited  
Market Square House, St James's Street, Nottingham NG1 6FG

Name(s) of Account Holder(s) \_\_\_\_\_

Bank/Building Society Account Number

Branch Sort Code  -  -

Name and full postal address of your Bank Building Society

To the Manager \_\_\_\_\_ Bank/Building Society

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Originator's Identification Number 728010

Reference Number (For Office Use Only)

Instructions to your Bank or Building Society

Please pay Compass Underwriting Limited 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 Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s) \_\_\_\_\_

Signature(s) \_\_\_\_\_

Date \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit Instructions for some types of accounts.

Remove this section and keep with your records

# 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 5 working days in advance of your account being debited or as otherwise agreed.

- If an error is made by Compass Underwriting Limited 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.

