

Title	Your full name: First applicant (1)	Date of birth
<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	<input type="text"/>	Home telephone number
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Postcode	Email address
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment status (1) – Please tick the appropriate box	Occupation (1)	Industry (1)
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Worker	<input type="text"/>	<input type="text"/>
Name of employer (1)	Gross monthly income (1)	Length of service with current employer (1)
<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mnths
Benefit split	If you have chosen joint cover, please complete the section below for Applicant (2)	
<input type="checkbox"/> Single cover <input type="checkbox"/> Joint cover	<input type="text"/>	
		Height (1)
		<input type="text"/> ft, or <input type="text"/> m
		Weight (1)
		<input type="text"/> stone/lb, or <input type="text"/> kilo

Title	Your full name: Second applicant (2)	Date of birth (2)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Employment status (2) – Please tick the appropriate box	Occupation (2)	Industry (2)
<input type="checkbox"/> Employed <input type="checkbox"/> Self Employed <input type="checkbox"/> Contract Worker	<input type="text"/>	<input type="text"/>
Name of employer (2)	Gross monthly income (2)	Length of service with current employer (2)
<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mnths
		Height (2)
		<input type="text"/>
		Weight (2)
		<input type="text"/>

Please answer the following questions by ticking the appropriate box:

1. 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?
2. Is your work temporary, casual or seasonal (including any work for a temporary employment agency)?
3. Have you at any time during the past 24 months been registered as unemployed?
4. Are there any current circumstances which could affect your future employment?
5. Do you know of any impending incapacity that may affect you, or are you currently receiving medical treatment or medical care of any kind, or awaiting referral for consultation treatment?
6. 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?
7. Are you suffering, or have you ever suffered from any form of cancer, diabetes, stroke, high blood pressure, multiple sclerosis, anxiety or depression, or any disease or disorder of the neurological system, heart, lungs, kidneys, liver or other major organ of the body.
8. Have any of your parents, brothers or sisters suffered or died before age 65 from cancer, diabetes, stroke, high blood pressure, heart disease, kidney disease or any hereditary/family disorder?
9. Has any proposal for sickness, permanent health insurance, critical illness or life assurance cover on your life ever been declined, deferred, accepted with exclusions or accepted on special terms? If so, when and by whom?

Applicant (1)		Applicant (2)	
YES	NO	YES	NO
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important Note: If you have answered YES to question 1 and/or NO to questions 2 to 9 then please provide further information on a separate sheet including dates, details, treatment details (if applicable) and the like.

Name of your finance company	Start date of loan	Estimated Expiry Date	Insurance start date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Under no circumstances can cover under this insurance be backdated.

Incapacity (Accident & Illness) only
 Unemployment only
 Combined Incapacity & Unemployment only
 Term life and Critical Illness only
 All combined: Incapacity, unemployment and life and critical illness

Term of cover selected

<input type="checkbox"/> Up to 12 months	<input type="checkbox"/> Up to 24 months	<input type="checkbox"/> Up to 36 months	<input type="checkbox"/> Up to 48 months	<input type="checkbox"/> Up to 60 months
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A Enter your monthly benefit (repayment)	£ <input type="text"/>
B Enter the premium rate for the cover that you have selected (see section 8)	£ <input type="text"/>
C Calculate your monthly premium using the formula (A x B ÷ 100)	£ <input type="text"/>

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 automatically at the end of each month subject to the terms and conditions of this insurance and as specifically stated in the Key Facts section which I confirm that 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 nor at the end of each 12-month period, though I may be required to complete a declaration of health and employment form.

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

Compass and 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 Compass and the insurer to

obtain reports at any time during the life of the plan to support any claim made on the plan proceeds.

In the event of an insurance claim, I consent to any information which I provide to you, whether on this form, the claim form or otherwise, being put onto a Register of Claims through which insurers share such information to prevent fraudulent claims.

I understand that a list of participants and the name and address of the operator are available from you.

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 Red Sands Insurance Company (Europe) Limited, Sterling Life Limited 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 within Red Sands Insurance Company (Europe) Limited and Sterling Life Ltd (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 and the Insurers are free to choose the Law which applies to this insurance contract. Unless you and the Insurers agree otherwise this insurance shall be subject to English Law and the English Courts will deal with any disputes. 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 (1) in block capitals

Signature of Applicant (1)

Date

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Applicant (1): I wish to see a copy of any medical report before it is sent to Compass Underwriting. *(Please tick the appropriate box)*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Full name of Applicant (2) in block capitals

Signature of Applicant (2)

Date

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Applicant (2): I wish to see a copy of any medical report before it is sent to Compass Underwriting. *(Please tick the appropriate box)*

Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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Direct debit mandate



Instructions to your bank or building society to pay by direct debits



Originator's identification number

7	2	8	0	1	0
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Name(s) of account holder(s)

Compass Underwriting Ltd reference number (office use only)

Bank or building society account number

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Branch sort code

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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

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.

