

SAFETYNET - INCOME PROTECTION INSURANCE
DECLARATION OF HEALTH & EMPLOYMENT STATUS

As a SafetyNet customer we want to contact you to ensure that we have your latest details in order that the product still meets your needs.

Please enter your full name _____

Your home address _____

Post code _____

Home Tel No:		Email address:	
Policy Ref:		Gross annual income: Max benefit is 65% of your gross income	£
Are you self-employed?		Monthly Mortgage or rental costs?	£
Date of birth		Occupation: (include name of your employer & details of any manual work undertaken)	

1)	Are you fit and healthy ?	YES	NO
2)	Do you have any reason to believe that your job is at risk of redundancy?	YES	NO
	Have any announcements about redundancies or short-time working been made by your employer, in the past 3 months – even if you do not think it will affect you?	YES	NO
3)	In the last 12 months, other than for colds and flu, have you visited or consulted a doctor, attended a hospital or out-patient clinic?	YES	NO
4)	Are you currently taking prescribed drugs, medicines, tablets or any other treatment ?	YES	NO
5)	Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation ?	YES	NO
6)	Have you ever made a claim for unemployment, income protection, medical or accident benefits during the past 3 years ?	YES	NO
7)	Are you employed under a temporary Contract – If “Yes” please state for how long? Contract Duration:	YES	NO

If you have ticked Question 1 “No” or “Yes” to Questions 2 to 7 then please give full details, including changes at your work including redundancies, diagnosis, medication prescribed, date of illness or accident and period of time off work, in the box below or on separate sheet if required:

IMPORTANT NOTE

This declaration of health should be completed to the best of your knowledge and belief and all material facts should be disclosed. Failure to do so could invalidate your insurance and any claim. A material fact is one that is likely to influence our acceptance or assessment of your insurance. You should consult with your intermediary if you are in any doubt.

I declare that these statements are true and complete to the best of my knowledge and belief. I agree that a copy of this declaration of health will have the same validity as the original and that it shall form the basis of the contract of insurance between us.

Signature.....

Date.....

PLEASE RETURN TO COMPASS VIA YOUR INTERMEDIARY

Compass Underwriting Ltd, 1-2 Crutched Friars, London. EC3N 2HT
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Compass Underwriting is authorised and regulated by the Financial Services Authority