



# Application for Executive Income Protection

Please return this form to Unum, Milton Court, Dorking, Surrey RH4 3LZ or by email to Individual@unum.co.uk (password protection or encryption is recommended).

Cheques should be made payable to Unum.

## Section 1 - to be completed by the Intermediary

### A. Intermediary Details

- A1. Full name of firm
- A2. FCA/PRA Registration Number
- A3. Unum Agency Number (if known)
- A4. Contact name
- A5. Telephone number (in case of any queries)
- A6. Intermediary's e-mail address
- A7. Please ensure a copy of the quotation is enclosed with this application. Copy quote enclosed (tick box)
- A8. Quotation Reference Number (if known)
- A9. Do you wish to take initial commission on indemnity terms?  
To confirm if you are eligible for indemnity terms, please call: 01306 873422  
Yes  No
- A10. What proportion of your commission entitlement do you wish to take if less than 100%  %

## Section 2 - to be completed by Employer

Application to Unum Limited ("Unum").

Please answer all questions in **BLOCK CAPITALS**, ticking boxes as appropriate.

### B. Employer details

#### B1. Employer Details (the Policyholder)

Business Name

Address

  
  

Registered Address  
if different from above

  
  

If different, please specify reason

i) Will you, the Policyholder be paying the quoted premium for the quotation you wish to accept?

Yes

No

If **No**, what is the relationship between you, the Policyholder, and the third party premium payer?

### C. The cover

**C1.** How much annual benefit do you want us to pay?

Please tell us how you want the total annual benefit to be broken down

Income replacement benefit you will pay to the employee

Pension contributions you will continue to make on behalf of the employee

Your National Insurance contributions due on the benefit you will pay as salary

**C2.** Deferred Period: After how many weeks work absence do you want this benefit to start?  
 4 weeks     8 weeks     13 weeks     26 weeks     52 weeks

We may not be able to offer all these deferred periods for some medical conditions.

**C3.** At what age do you want the cover to end?   
 You should select an age between 50 and 70.

The cover period has to be at least 5 years **and** the minimum expiry age is 50. You should not select an age beyond expected retirement. Some occupations and medical conditions may shorten the cover period we can offer.

**C4.** While absent from work, for how long do you want the employee to receive benefit under this plan?  
 Until the cover end date     2 years     3 years     5 years

**C5.** Do you want benefit to increase each year during the employee's work absence?  
 Yes, in line with RPI (up to 12%)     Yes, by 5%     No

**C6.** Do you want Disability Plus cover?    Yes     No

**C7.** Do you want our Guaranteed or Reviewable premium basis?    Guaranteed     Reviewable

**C8.** How do you want to pay the premium?    Monthly     Yearly   
 Quoted premium

**C9.** On which day, from 1st to 28th of the month, should we collect the premium?  
 Any day     Day

**C10.** Do you want cover to start as soon as the application is accepted?    Yes     No   
 If **No**, which commencement date do you require?

If you want the cover to be in two parts, for example to delay some of the benefit until the earnings cease entirely or to combine short and long term benefit payment periods, you should provide information on the reverse of this form or on a separate sheet of paper. This additional cover will be provided under a separate plan. If you would like to discuss this further please contact your sales representative.

## D. Employer responsibilities

This section explains how we and you comply with data protection laws in connection with the processing of your employee's personal data.

We are a Data Controller for insurance purposes. We have the right to request the employee's personal data we need to quote for and administer the policy. We will:

- Record the data accurately
- Keep the data confidential and secure
- Use the data solely for the purpose of quoting for, providing and administering the policy and for marketing other Unum products to you
- Retain the data only for as long as is necessary
- Only process, transfer or permit access to any personal data outside of the European Economic Area in compliance with applicable data protection legislation

You are a Data Controller for employment purposes. You must:

- Obtain the necessary consents from and provide all relevant policy information to your employee before providing us with any personal data
- Ensure that the data is correct at the time it is provided to us and that alterations are notified to us in reasonable time

You and we will each provide reasonable assistance to the other as necessary to enable the other to comply with data protection laws including responding to Data Subject Requests, complaints or other queries received from your employee or other third parties in relation to your employee's personal data.

You will ensure that your employee is aware that some medical information related to underwriting decisions and non-medical information about them which is necessary to enter into an insurance contract will be shared with you as the policyholder. This could include policy exclusions relating to a specific medical condition.

### Employer declaration

I request that Unum provide the cover stated above and pay benefit to my Company during the incapacity of my employee:

**Please state the employee's full name here:**

Signature of the employer's authorised signatory

Date

Name of authorised signatory

Signatory's job title

## Section 3 - to be completed by Employee

### Information the employee needs to know before completing the rest of the application

This application is the basis of our contract with your employer and we rely on the information you give us in the form to make our decision about providing the insurance. In most cases, we expect to make a decision without additional evidence, but this depends on how much you tell us.

To allow us to process your application as quickly as possible and reduce the need for further enquiry, we need you to answer all our questions clearly (IN BLACK INK AND BLOCK CAPITALS) and in full.

We explain in some of the questions how we expect you to answer them. Please take this guidance into account when you make your statements to us. We require you to confirm you have done this when you sign the form at the end.

If you are in any doubt about the need to tell us something, you should give us the information in full as it is better to tell us a fact that turns out not to be relevant to the risk than to miss out something that later causes a problem.

If something you have told us changes after you have sent us the form but before we have confirmed your cover has started, you must write in to update us.

We regard you as entirely responsible for what is disclosed to us so, if you do not complete the form yourself, we expect you to read carefully all the statements, our guidance and all your declarations in it before you sign it.

If at any time after you have submitted this application we find you have not given us the information needed to assess the risk in full, we may change our underwriting decision, we may refuse a claim and we may withdraw some or all cover.

### E Employee details

E1. Surname	<input type="text"/>			
E2. Title (please tick one of these boxes or state another title)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other	<input type="text"/>		
E3. Forename(s)	<input type="text"/>			
E4. Date of birth	<input type="text"/>	F5. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>
E6. Home address	<input type="text"/>			
	<input type="text"/>			
	Postcode <input type="text"/>			

We can often sort out an unclear application detail with a quick call or e-mail. If you are happy for us to contact you between 9am and 5.30pm Monday to Friday, please give us details. We will not use this information for any other purpose.

E7. Daytime telephone number and/or e-mail address	<input type="text"/>		
	<input type="text"/>		
E8. Who is your GP?	<input type="text"/>		
Surgery address	<input type="text"/>		
	<input type="text"/>		
	Postcode <input type="text"/>		

Telephone number and/or e-mail address	<input type="text"/>		
	<input type="text"/>		

E9. Have you registered with this surgery within the last six months?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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If **Yes**, who were you registered with before?

(Please tell us the doctor's name, surgery address and telephone number here.)

<input type="text"/>
<input type="text"/>

## F. Your occupation details

F1. What is your occupation title?

F2. What is the nature of your industry or profession?

F3. How often does your occupation demand that you:

Never	All or most of the time	Regularly (e.g. once or twice a week)	Occasionally (e.g. once or twice a month)	Rarely (e.g. once or twice a year)
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(Please tick one box for each question)

Work outside?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Work at exposed heights above 50 feet?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Work on the shop floor (e.g. in a factory, workshop, warehouse, shop, store)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Drive on business (other than to and from your normal workplace)?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Regular business driving may affect our view of the risk. For the purpose of answering this question, your occupation demands that you drive on business if you cannot take alternative means of travel, perhaps because you are delivering goods that you cannot otherwise carry or the location you are travelling to is inaccessible by public transport.

Sell a product or service?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Regular sales duties may affect our view of the risk. For the purpose of answering this question, your occupation demands that you sell if you serve customers in a shop or other commercial premises, your remuneration or that of your team is directly linked to your sales results or you contact customers by telephone with a view to selling.

Do manual or physical work?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Regular manual or physical work may affect our view of the risk. For the purpose of answering this question, your occupation demands that you do manual or physical work if you use machinery or tools; lift, carry or otherwise move items weighing more than 10kg; or climb ladders or use special equipment to access your workplace.

Work offshore?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Work underground?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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F4. Have you set up your own business in the last three years?

Yes  No

If **Yes**, before you set up your own business, were you an employee for at least 2 years in the occupation or profession you are now following?

Yes  No

If you were not an employee for at least 2 years in the occupation or profession you are now following please give full details of your previous occupation and the reasons for setting up your own business.


F5. How many hours do you regularly work each week?

hours
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## F. Your occupation details (continued)

F6. Have you changed your job or your duties in the last 12 months or do you expect to do so in the next 3 months? Yes  No

If you have answered **Yes** please give details of the changes.


F7. Does your work take you outside the UK? Yes  No

If **Yes**, please list the countries you will visit in the next year and the length of each visit.  
(If you do not have definite plans for the next 12 months, please provide details from the last 12 months)

Country	City or area	Month of visit	Duration of trip

Please use the space at the end of the form to continue your answer if you need to.

F8. In the last 5 years, have you travelled or lived outside the European Union for a continuous period of more than 3 months or have you had surgery or a blood transfusion outside the European Union? Yes  No

If **Yes**, please give full details


F9. Do your earnings fluctuate (e.g. because you earn commission, bonuses or dividends) **OR** do you require us to provide a total annual benefit of more than £50,000? Yes  No

If **Yes**, how much do you expect to earn this year and how much did you earn in each of the last 3 years?  
(You should take "year" to mean the period between your annual salary reviews or the 12-month period over which you are normally assessed for tax.)

Year	P60 Earnings	Value of allowed P11d benefits (1)	Dividends/ directors' loans (2)	Self-employed earnings (3)
<b>Projected for this year</b>	£	£	£	£
<b>20__</b>	£	£	£	£
<b>20__</b>	£	£	£	£
<b>20__</b>	£	£	£	£

- (1) The P11d benefits (Benefits in Kind) we are prepared to cover are listed in this product's key facts document. You should tell us the total taxable value each year of the allowed P11d benefits you want us to cover.
- (2) Dividends and directors' loans are only insurable if they are paid in place of salary, in that they directly reward your performance of the occupation to be insured. You should only include amounts here that would be lost in the event of incapacity.
- (3) Your self-employed earnings are those you have declared or you expect to declare to the HM Revenue and Customs, on which you have paid or you expect to pay income tax.

## G. Your fitness and lifestyle details

- G1. What is your height?  feet  inches or  cm
- G2. What is your weight today?  stones  pounds or  kg
- G3. Has your weight changed by more than 2 stones (or 13kg) in the last two years? Yes  No
- G4. What is your waist measurement today?  inches or  cm

G5. What is your typical WEEKLY alcohol consumption?

Beer, lager or cider up to alc 4.5% vol  pints

Beer, lager or cider alc 4.6% vol or more  pints

Wine  175ml glasses or  75cl bottles

Fortified wine  50ml glasses

Spirits  35ml measures

G6. Has a healthcare practitioner ever advised you to reduce your alcohol intake? Yes  No

If **Yes**, when was the advice given and what was your average weekly alcohol intake at that time?

Month/year (The year only is sufficient if more than two years ago.)

Beer, lager or cider up to alc 4.5% vol  pints

Beer, lager or cider alc 4.6% vol or more  pints

Wine  175ml glasses or  75cl bottles

Fortified wine  50ml glasses

Spirits  35ml measures

G7. Have you smoked cigarettes in the last 12 months? Yes  No

If **Yes**, what has your average DAILY consumption been during this period?

G8. In the next 12 months, do you intend to go climbing, caving, SCUBA diving or offshore sailing; to pilot any powered or unpowered aircraft; to go parachuting or parasailing; or to compete in any equestrian, combat sport or motor sport event? Yes  No

If **Yes**, what is each activity?

	Activity 1	Activity 2	Activity 3
Activity Name			
How often will you take part, e.g. how many annual dives, races, climbs or flying hours?			
Where will you do it, e.g. which countries, mountains, waters or caves?			
Which sports bodies, associations or clubs do you belong to or are you registered with?			
What is your experience, e.g. how many years, which qualifications or licence, type of craft or vehicle, engine capacity?			
What will the extent of your activity be, e.g. maximum height or depth, type of race or competition, special or extreme activity?			



## H. Your medical details

H1. Are you fit for work today? Yes  No

H2. Do you have a sickness absence record of more than 10 days off work in any of the last 3 years or, going further back than that, of any single absence period that lasted longer than 8 weeks?

If **Yes**, when was each absence period?  
(Month and year are sufficient.)

<b>1</b>	<b>From:</b>	<b>To:</b>
<b>2</b>	<b>From</b>	<b>To:</b>

What was the reason for each absence?

<b>1</b>	
<b>2</b>	

Are you now fully recovered from the illness or injury that caused each absence? Yes  No

If **No**, please give full details. Please use the space at the end of the form to continue your answer if you need to.


H3. Have you consulted a healthcare practitioner more than 10 times in the last twelve months? (Count each appointment with any doctor, nurse, physiotherapist or other specialist about any aspect of your health as 1 consultation.) Yes  No

If **Yes**, please give full details. Please use the space at the end of the form to continue your answer if you need to.


H4. In the last 3 years, have you had pain or discomfort for more than 3 days at a time in any muscles, joints or bones? (Tell us about back, neck, shoulder or limb problems that did not resolve quickly, even if you did not seek medical help.) Yes  No

If **Yes**, please give full details. Please use the space at the end of the form to continue your answer if you need to.

Month/ year of onset	Condition, site of pain and cause (if known)	Frequency of symptoms	Treatment (please state if ongoing)	Number of days off work	Month/ year of last symptoms

If **Yes**, in the next 12 months do you expect to be road-running, playing racquet sports, football or similar sports? Yes  No

If **Yes**, please confirm the type of sport(s) you take part in

## H. Your medical details (continued)

H5. In the last 3 years, have you had stress, anxiety or low mood that has persisted for more than 3 weeks or for which you have sought medical advice or counselling? Yes  No

If **Yes**, please give full details. Please use the space at the end of the form to continue your answer if you need to.

Month/year of onset	Cause (if known)	Treatment (please state if ongoing)	Number of days off work	Month/year of last symptoms (please state if ongoing)	Have you had this more than once? Y/N

H6. In the last 3 years, have you had fatigue, irritable bowel or abdominal pain to the extent that any of them have affected your daily routine on more than 3 separate occasions or for more than 2 weeks at one time? Yes  No

If **Yes**, please give full details.


H7. In the last 3 years, have you been told the result of any medical test you have had was abnormal? Yes  No

This includes blood pressure or cholesterol checks, other blood tests, ECGs, x-rays or scans.

You do not need to tell us about any genetic test results. However if you wish to tell us about a negative genetic test result which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium.

If **Yes**, please give full details. Please use the space at the end of the form to continue your answer if you need to.

Month/year	What was the test?	What was the reason for it?	Have you had a subsequent test that you have been told was normal?

## H. Your medical details (continued)

- H8. Has a healthcare practitioner **ever** suggested or confirmed a diagnosis of heart disorder, stroke or circulation problem, based on symptoms, signs or test results you have had? Yes  No

If **Yes**, please give full details here.

Month/ year of onset	Condition	Frequency of symptoms	Duration of episodes	Treatment (please state if ongoing)	Number of days off work	Month/year of last symptoms (please state if ongoing)

- H9. Has a healthcare practitioner **ever** suggested or confirmed a diagnosis of diabetes, based on symptoms, signs or test results you have had? Yes  No

If **Yes**, please confirm the following:

Month/year of diagnosis

Your three most recent glycosylated haemoglobin (HbA1C) levels?

<b>Month/year:</b>	<b>Month/year:</b>	<b>Month/year:</b>
<b>Level:</b>	<b>Level:</b>	<b>Level:</b>

- Have you had a severe hypoglycaemic attack (hypo) in the last 2 years? (A severe hypo is one that required the assistance of another person.) Yes  No

Month/year of your last and next diabetic clinic appointment and the address of your clinic

<b>Last appointment:</b>	<b>Next appointment:</b>
<b>Diabetic clinic address:</b>	

- H10. Has a healthcare practitioner **ever** suggested or confirmed a diagnosis of cancer, based on symptoms, signs or test results you have had? Yes  No

If **Yes**, please give full details here.

Month/ year of onset	Type of cancer, tumour or growth	Site	Type and start date of treatment	Month / year treatment ended	Are you still under follow up? Y/N

## H. Your medical details (continued)

**H11.** Has a healthcare practitioner **ever** suggested or confirmed a diagnosis of multiple sclerosis, based on symptoms, signs or test results you have had? Yes  No

**H12.** Has a healthcare practitioner **ever** suggested or confirmed a diagnosis of depression or another psychiatric disorder, based on symptoms, signs or test results you have had? Yes  No

If **Yes**, please give full details here.

Month/year of onset	Cause (if known)	Treatment (please state if ongoing)	Number of days off work	Month/year of last symptoms (please state if ongoing)	Have you had this more than once? Y/N

**H13.** Do you have any other symptom, condition, disability or impairment for which any of the following apply:

- You are waiting to see a GP or specialist Yes  No
- You are waiting to have tests or investigations or to receive the results Yes  No
- You are still under follow-up by a GP or a specialist Yes  No
- You are on more than a short course of medication Yes  No
- You routinely use any type of aid except spectacles and lenses? Yes  No

If **Yes**, please give full details here. Please use space at the end of the form to continue your answer if you need to.

Month/year of onset	Condition and cause (if known)	Duration of symptoms	Treatment (please state if ongoing)	Number of days off work	Month/year of last symptoms

**H14.** Is there a history in any of your parents, brothers or sisters before age 65 of heart disease, stroke, treated blood pressure, kidney disease, breast or ovarian cancer, bowel cancer, multiple sclerosis, Huntington's disease or any hereditary disease of the nervous system? Yes  No

You do not need to tell us about any genetic test results. However if you wish to tell us about a negative genetic test result which shows that you have not inherited a genetic disorder, we will take this into account in setting your premium.

If **Yes**, please give full details. Please use the space at the end of the form to continue your answer if you need to.

Relationship to you	Condition	Age at onset	Cause of death (if deceased)



## **Please read these notes carefully - they outline your statutory rights concerning the processing and use of information relating to your application.**

### **How we shall request reports about your medical history**

We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1998. Your rights under the act are as below.

You do not have to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent 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 keep 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 six months of it being sent to us. There may be a charge for this to cover the doctor's costs. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health.
  - Any care, medication or treatment you are currently receiving.
  - The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health.
  - Details (excluding minor self limiting ailments/conditions) of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
    - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
    - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
    - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
    - suicidal thoughts or attempts at suicide; or
    - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor or another healthcare professional about.

We ask your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- providing cover on standard rates;
- increasing premiums above standard rates;
- setting exclusions or postponing cover;
- refusing to provide insurance; or
- withdrawing cover.

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please contact us by email at [muw@unum.co.uk](mailto:muw@unum.co.uk)

As part of our ongoing quality control process and to review the accuracy and completeness of the information given we may request a medical report within six months of the start of the policy. If your application is selected we will use your signed Declaration to authorise us to contact your general practitioner (GP) and we will inform you that a medical report has been requested.

## Data Protection Notice for Employees

### How we shall process information relating to you

We shall hold all information relating to you, including medical reports, electronically and/or in a manual system. We shall process all information fairly and lawfully in accordance with the principles of the data protection laws and the Access to Medical Reports Act 1988.

Access to information concerning you will be limited to employees and contractors of Unum, for example independent health professionals, who need access in order to process and/or assess the application.

We have legitimate business interests to share data with underwriters, medical agencies, other insurance companies and sub-contractors and agents for validation purposes and we have to comply with our legal and regulatory obligations. We will therefore additionally share information and conduct checks with third parties for purposes relating to the application. Third parties (who may be situated either within or outside the European Economic Area) may include, but are not limited to, reinsurers, underwriters, the Financial Conduct Authority, the Prudential Regulation Authority, the Financial Ombudsman Service, medical agencies, other insurance companies and sub-contractors and agents. Details of third parties that we share data with are available on our website at [www.unum.co.uk/third-party-datasharing](http://www.unum.co.uk/third-party-datasharing). By signing this application you acknowledge that we can share the information provided by you in making this application.

Except where you have given consent in this form, and for the purposes stated, we will not discuss medical information about you with anyone other than you. This includes your financial and legal advisers, the policyholder, your employer, your spouse and other relatives and friends. To help us assess the risk or administer the policy, we may discuss non-medical information about you with the policyholder's financial advisers or with the policyholder.

Telephone conversations and e-mail communications may be monitored and/or recorded from time to time for the purpose of training and record keeping.

If you wish to access information that we hold about you, you should submit a request in writing to the Data Protection Officer at Unum: The Data Protection Officer, Unum, Milton Court, Dorking, Surrey, RH4 3LZ.

Further details regarding your rights and how we process information about you can be found on our website, [www.unum.co.uk/privacy-notice](http://www.unum.co.uk/privacy-notice).

## K. Employee's declarations and consents

I understand and I agree that I am entirely responsible for the statements I have made or that have been made on my behalf in this application and I declare that to the best of my knowledge and belief those statements are true and complete. I have taken the guidance provided in the application into account in making or in verifying my statements.

I agree to inform Unum immediately in writing of any change to my statements in this application before Unum's acceptance of the risk.

**I understand that if at any time after I have submitted this application Unum finds I have given incomplete or false information, Unum may change the underwriting terms, refuse my claim or withdraw my cover.**

I have read and I understand my statutory rights as described in the Data Protection Notice above concerning the processing and use of information relating to my application as set out in this form.

I consent to Unum seeking, in accordance with the Access to Medical Reports Act and data protection laws, for the purpose of underwriting or to review the accuracy and completeness of the statements made in this application,

- information from my medical records from any doctor I have consulted about my physical or mental health.

**Please read and tick one of these boxes only.**

I DO NOT WISH to see medical reports before they are sent to Unum.

I WISH to see medical reports from my GP and/or Consultant before they are sent to Unum.

If you do not make an appointment with your GP the report will be sent to us after 21 days.

(You can speed up the process by arranging to visit your GP's surgery to see the report as soon as possible once you have been notified that a medical report has been requested.)

- information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for.
- information concerning this application, including but not limited to information concerning my physical and mental health, from any third party and I authorise the giving of this information.

I understand that Unum may request a medical report within six months of the start of the policy to monitor the accuracy and completeness of any statement made in, or in connection with, this application.

I agree that this information can also be used to maintain management information for business analysis.

I consent to Unum confirming the underwriting decision, including any exclusion wordings or other special terms, to the policyholder and to the policyholder's financial advisers. I understand that this can include some medical information and non-medical information about me which is necessary to be able to enter into the insurance policy.

I authorise Unum to release information, including but not limited to information concerning my physical and mental health, to my doctors, to doctors or specialists appointed by Unum in relation to my application and to any third party who requires this information for lawful purposes.

Your signature

Date

Your full name



**Instruction to your Bank or Building Society to pay by Direct Debit**



Please fill in the whole form excluding official use box using a ball point pen and send it to:

Unum  
Milton Court  
Dorking  
Surrey  
RH4 3LZ

**Name(s) of Account Holder(s)**

  

**Bank/Building Society account number**

**Branch Sort Code**

**Name and full postal address of your Bank or Building Society**

To: The Manager	Bank/Building Society
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	

**Reference Number**

**Originator's Identification Number**

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FOR UNUM OFFICIAL USE ONLY  
This is not part of the instruction to your Bank or Building Society

**Instruction to your Bank or Building Society**

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

Signature(s):  
  

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Date:

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

**This guarantee should be detached and retained by the Payer.**

**The Direct Debit Guarantee**

- This Guarantee is offered by all Banks and Building Societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Unum will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Unum to collect a payment, confirmation of the amount and date will be given to you at the time of request
- If an error is made in the payment of your Direct Debit, by Unum or your Bank or Building Society, you are entitled to a full and immediate refund of the amount paid from your Bank or Building Society
- If you receive a refund you are not entitled to, you must pay it back when Unum asks you to
- You can cancel a Direct Debit at any time by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.



**unum.co.uk**

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