



Application for Executive Income Protection using Tele-Underwriting service

Please return this form to Unum, Milton Court, Dorking, Surrey RH4 3LZ or email a scanned copy 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% %

TO BE USED ONLY IN CONNECTION WITH TELE-UNDERWRITING SERVICE

Application for Executive Income Protection

Section 2 - To be completed by the Employer

Application to Unum Limited ("Unum").

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

B. Employer details

B1. Company name

B2. Company address

 Postcode

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.

C. The cover (continued)

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 Unum’s contract with your employer and we rely on the information you give us in this form and in the course of the telephone interview to make our decision about providing the insurance.

To allow us to process your application and arrange an interview with you as quickly as possible, please complete your contact details below (IN BLACK INK AND BLOCK CAPITALS) in full and email it to ftuw@unum.co.uk

To help us accurately and fairly assess your application, you need to give us information about your occupation, health and lifestyle – things that could influence the likelihood that you might become ill or injured in the future.

With this in mind, we will contact you when we receive this application form to arrange a convenient time for one of our interviewers to discuss these details with you in a confidential telephone interview.

In most cases, we expect our interviewer to gather everything we need in this discussion, and confirm to your employer’s financial adviser the terms on which we can accept your application.

Talking to you in person helps us to avoid having to request additional medical evidence and you will not normally need to have a medical examination. However, if we do need to clarify something about your state of health, we may ask your doctor for a report on your medical history. We will let you know after the interview if this is necessary.

You will be reminded during the interview that we rely on the information you give us to make our decision about the availability and the terms of the cover we offer your employer and the premium we require your employer to pay. The interviewer will help you to understand the reason for asking each question but, if you are unsure about whether you should tell us something, you should give us the information anyway. It is better to mention something that is not relevant than to miss out something that may cause a problem later if you need to claim.

When deciding on a convenient time to talk, you should take into account that we do need you to be able to answer our questions freely and completely, so we would strongly recommend that you are in a place where you can do that in privacy. You should ask your employer if it is appropriate to arrange a time for an interview in work time.

We will be as flexible as possible in arranging an interview time that suits you and you can discuss your requirements when we make first contact with you. Importantly, we do not expect us to pass you straight through to an interviewer when we first call you, instead we will arrange a convenient time to call back for the full interview.

E. Your 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"/>			

F. Contact details

F1. Which telephone number can we contact you on between 8am to 5.30pm Monday to Friday to arrange the interview?	<input type="text"/>
F2. If we cannot reach you during the day, we’d like to send you an email to suggest an appointment time. Your e-mail address	<input type="text"/>

Please read the following 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 require a report about your medical history to support, or to review the completeness and accuracy of, your application. We would request this from the doctor who holds your medical records, a doctor you have consulted or one who has treated you. In requesting this evidence, we shall always comply with the law.

The Acts relevant to obtaining this type of medical report in the UK (except the Channel Islands) are the Access to Medical Reports Act 1988, the Access to Personal File and Medical Reports (Northern Ireland) Order 1991 and the Access to Health Records and Reports Act 1993 (Isle of Man). The Data Protection Act 1998 also governs the handling of medical reports.

We must have your written consent to obtain a report. We ask for this in the declarations and consents section at the end of this form.

You do not have to give your consent, 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

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. 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.

I. 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

unum.co.uk

Unum Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Registered Office and mailing address: Milton Court, Dorking, Surrey RH4 3LZ Registered in England 983768 Unum Limited is a member of the Unum Group of Companies.

We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of service we provide.

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

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Reference Number

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Originator's Identification Number

9	3	0	9	8	4
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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):
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.

