



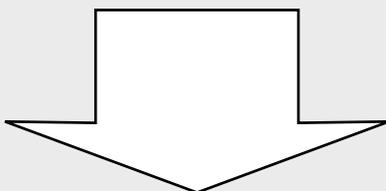
Application Form Tele-Interview

Income protection from the *original* provider

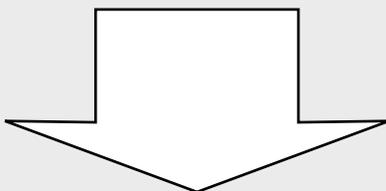
If you are medically unable to undertake a telephone interview then do not complete this application process. Please contact the Society directly on 0800 716654 to discuss alternative options.

Application Process

Complete the short form application



A specialist nurse will then contact you to carry out an interview over the telephone regarding your health and lifestyle



Further information may be requested by our underwriters (this may include a report from your doctor, a medical examination or tests).

Important Notes: Client

A copy of the telephone interview report will be sent to you to check and retain for your records. You must return it to us within 10 days if you have any alterations you wish to make or any additional information you wish to add. If we do not hear from you within this period we will assume there are no amendments and the application will be processed on that basis.

Important Notes – Financial Adviser

It is your responsibility to ensure your client has received the appropriate key features document and personalised quotation, please draw your client's attention to the Important Notes, the Telephone Interview guide and the Declaration Document.

Adviser Identification (Company Name) _____

Adviser Name: _____ FRN No: _____

Commission Style: Indemnity Non-indemnity Nil

Adviser contact Tel. No: _____ Email Address: _____

Have you received advice from a Financial Adviser? Yes No

Have you received a quotation? Yes No

Quotation reference number: _____

Proposed date of commencement: If your application is accepted at standard terms when should cover commence?

Immediately On date dd mm yyyy To be advised

Important Information:

We can only accept applications from registered introducers, if you have not registered please do so here: www.holloway.co.uk

If you submit this application without registering you agree that the information provided above will be used to register you on our database. To receive advance notice of policy information, underwriting updates and product development you will need to be registered on our email database to register tick here:

This application will not be deemed to have been accepted until our registration process has been completed and we have confirmed your FCA authorisation and permissions.

Adviser email address: _____

This email address will only be used to provide underwriting case updates. If you do not wish to receive updates then leave blank

Income Protection Application

(For completion by the Applicant)

Section 1: Personal Details

Title _____ Surname _____

First Name(s) _____

Address _____

Address _____ Town/City _____

County _____ Postcode _____

Daytime Tel. No _____ Evening Tel. No _____ Mobile No _____

Email _____

Gender Male Female

Date of birth dd mm yyyy Age

Place of birth _____

If your place of birth is not in the UK, how long have you been permanently resident here? years

(The Society will not accept applicants who have not been resident and registered with a GP in UK for the last 36 months)

Marital Status Single Married/Civil Partnership Separated Divorced Widowed Cohabit

Have you used any tobacco products or nicotine substitutes within the last 12 months? Yes No

Section 2: Occupations

What is your main occupation?

Are you employed? self employed? both employed/self employed?

What type of industry do you work in?

For how long and how much will you be paid by your employer in the event of sickness or accident?

Do you have a secondary occupation? E.g. TA Yes No

If yes please give details:

Do any of the following form part of your job? Please advise percentage of time spent and details:

- Administration _____ % _____
- Driving include annual mileage _____ % _____ Mileage _____
- Driving HGV include annual mileage _____ % _____ Mileage _____
- Driving LGV include annual mileage _____ % _____ Mileage _____
- Use of machinery/tools _____ % _____
(include type used) _____
- Physical or manual work _____ % _____
- Work at heights over 40ft _____ % _____
- Work underground or underwater _____ % _____
- Work with hazardous materials _____ % _____

How many hours on average do you work each week?

How long have you been in your current employment? Years Months

If less than 5 years please describe the duties of your previous occupation.
Duties _____

Do you pay Income Tax in the UK? Yes No

If 'No', please provide details _____

What is your annual gross income for each year?

Self employed £

(This is your share of pre tax profit after deduction of trading expenses)

Employed £

(Pre tax earnings for PAYE purposes)

Does your income include any variable items such as

Dividends? Yes No

Bonuses? Yes No

Overtime? Yes No

Commission? Yes No

If 'Yes' what percentage of income does this represent %

If Dividends form part of your income for how long will they be declared should you be unable to work owing to illness or an accident?

Are you employed as a director of a limited company? Yes No

If 'Yes' how many shareholder directors are there within the company?

Section 3: Benefit Requirements

Benefit required	£	per month /	£	per week	Monthly premium	£
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Cover type: Do you require indexation/escalation of benefit? Yes No

Classic Plus Plan: Deferred Period 4 week 8 week 13 week 26 week 52 week

Purely IP Plan: Deferred Period Day One 4 week 8 week 13 week 26 week 52 week

Short Term IP Plan: One Year Benefit Term Two Year Benefit Term

Deferred Period 1 week 4 week 8 week 13 week 26 week

Guarantee Benefit Level? Yes No

Please state the age between 50 years and 70 years inclusive at which you wish this policy to cease

Section 4: Other Insurances

Have you got existing Income Protection insurance? Yes No

If 'Yes' please state company, level of cover, deferment period

Are you cancelling any existing Income Protection insurance cover when this policy commences? Yes No

Declaration and Consent

Data Protection Notice

Using your Personal Information

The information given on this form and the telephone interview report will be used by Holloway Friendly to assess your application and, if successful, set up and administer your policy.

If your application does not proceed, Holloway Friendly may hold a record of the application for a limited time period. A copy of the application form and any supporting information, including medical reports and the telephone interview report may be given to a reassurance company if the risk is shared with the reassurance company. We may write to your GP if in our opinion a condition is noted at any medical examination, of which your GP may not be aware.

Information and where appropriate copies of correspondence may be given to your financial adviser to enable them to give you advice. Any medical information which is provided in connection with your application will be used only for underwriting and claims purposes.

Telephone calls may be monitored and recorded to help staff training, customer service and for the purposes of security and fraud prevention.

If you would like to request a copy of the information held about you, please write to the Holloway Friendly Data Protection Co-ordinator. A fee may be charged for providing information. The information that you have supplied will be kept confidential and will not be disclosed to any other party without your consent, unless it is lawful to do so.

Some services are provided to Holloway Friendly by third parties such as underwriting and claims control or obtaining compliance or regulatory advice, which warrant the disclosure of more than just your basic contract details. You agree that personal information held by Holloway Friendly may be disclosed on a confidential basis, and in accordance with the Data Protection Act 1998, to any such third parties. You also agree that this information may be transferred electronically, e.g. email and you agree that ourselves, or any such third party, may contact you in future by any means of communication which we consider appropriate at the time.

Disclosure

This form and the telephone interview report is an application for Income Protection Insurance. Its purpose is to obtain all the facts necessary to fully assess your application. The Society's Memorandum, Rules and schedule pertaining to your application can be obtained by visiting our website: www.holloway.co.uk.

You must answer all questions honestly and completely. Therefore if you are in any doubt whether to disclose a fact you should give full details on the form.

Failure to fully disclose relevant information could mean that we do not pay any claim on your policy and all cover may be cancelled.

Continuing Duty to Disclose

You must advise us in writing if there is any change in your circumstances between completing this form and the start date of the policy. Please advise of any changes to the following:

- Your health details Family history Occupation
- Earnings Employment status Travel or residence
- Hazardous pastimes Alcohol consumption Smoking habit

Disclosures to any of the questions medical or otherwise are of equal importance and failure to advise us may result in non payment of a claim.

You can contact Underwriting at Holloway Friendly:-

On: 01452 782760, Monday to Thursday 9.00am until 5.00pm, and 9.00am until 4.00pm on Fridays, or

Fax on: 01452 386859, or

Email at: underwriting@holloway.co.uk

Write to: Underwriting, Holloway Friendly, Holloway House, 71 Eastgate Street, Gloucester, GL11PW.

This application form together with the telephone interview report will form the basis of the contract with Holloway Friendly.

Access to Medical reports Act

To consider your application we may have to obtain a medical report from a doctor who has cared for you. The Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 gives you certain legal rights over these reports.

Briefly your rights are as follows:

1. Before we apply for a medical report from a doctor who has cared for you, we need your agreement. You can refuse but in this case we will not be able to make any offer to cover you.
2. You can ask to see a report before your doctor sends it to our Chief Medical Officer or you can ask your doctor to see a copy of the report for up to six months after it has been sent to us.
3. If you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to this, you may attach a statement of your own.

Access to Medical reports Act- Con't

Your doctor does not have to let you see the report if he or she believes it is not in the interests of your health, or if the interests of other people have to be considered. Once you have seen the report your doctor cannot return it to us unless you agree.

If we need a report and you have said you want to see it before it is returned to us, we will write to let you know. You will then have

Genetic Testing

If you have had a genetic test, you only have to tell us if this application, when added together with any cover you have for income protection, is above the following limit:

£30,000 annual benefit for Income Protection.

Above this limit you may need to give information about certain test results when applying for insurance. Only genetic test results which have been approved by the Government's Genetics and Insurance Committee will be used.

You must however give information if you have a family history or symptoms of a genetic condition. It may be to your benefit to disclose if you have had a negative genetic test for such a condition.

Declaration and Consent

I hereby apply for membership of Holloway Friendly. I understand that it is my duty to take reasonable care not to make a misrepresentation of information in this application as doing so may affect the payment of any claim made on this plan. I confirm receipt, have read and understood the appropriate Key Features document of the plan.

- I consent to you arranging and conducting a telephone interview with me and understand that the information provided forms part of your contract of insurance with me. A copy of the Terms and Conditions and completed application form are available upon request.
- I declare that all statements and information provided in the application, during the tele-interviewing process and to any medical examiner appointed by Holloway Friendly, whether in my handwriting or not, are to the best of my knowledge and belief true and complete.
- I confirm I have read and understand the **Disclosure and Continuing Duty to Disclose** notes in this form.

I also fully understand in the event of a claim, my limitations to benefit entitlement as stated in the **Key Features Document**.

I have read and understood the **Data Protection Notice**. I agree that my personal information (including sensitive data) may be used for the purposes described.

I am aware of my legal rights under the **Access to Medical Reports Act 1988** or **Access to Personal Files and Medical Reports (Northern Ireland) Order 1991**.

I agree that Holloway Friendly or any nominated Insurance Company may ask for medical information from any doctor who at any time has attended me about anything that affects my physical or mental health or ask for information, including medical reports, from any insurance office to which a proposal has been made on my life and I authorise the giving of such information.

I agree that this consent allows the insurer to obtain a medical report at any time during the lifetime of the plan and after my death to support any claim on the plan.

I agree that a copy of this application can be treated as the original for all purposes.

I understand that if I have failed to give correct answers to any questions in this application then the plan may be cancelled.

I do not wish to see this report before it is sent to Holloway Friendly or any nominated Insurance Company.

If you wish to see the report please tick the box.

Signature	Date
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