

## 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](http://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 Friday 9.00am until 5.00pm, or

Fax on: 01452 386859, or

Email at: [underwriting@holloway.co.uk](mailto: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 21 days to contact the doctor to arrange to see the report. After this period the doctor will be free to return the report.

**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**

