

Income Protection from the *original* provider.



**Application Form**

# Tele-Interview

You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer all of the questions fully and accurately, the cover in the event of a claim may be rejected or not fully paid.

## 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).

If you are medically unable to take a telephone interview, do not complete this application. Please contact the Society directly on [01452 782 760](tel:01452782760) or email [underwriting@holloway.co.uk](mailto:underwriting@holloway.co.uk) to discuss alternative options.

### 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**

You must 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 and Consent.

Adviser Identification (Company Name)	
Adviser Name	FRN No.
Commission Style	Indemnity <input type="checkbox"/> Non-indemnity <input type="checkbox"/> Nil <input type="checkbox"/>
Adviser Tel. No.	Email

Have you received advice from a Financial Adviser? Yes  No

Have you received a quotation? Yes  No

Quotation reference number
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Proposed date of commencement:

*If your application is accepted at standard terms when should cover commence?*

Immediately  On date         To be advised

## Important information

We can only accept applications from registered introducers, if you have not registered please do so at: [www.holloway.co.uk](http://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 Plan information, underwriting updates and product development you will need to be registered on our email database to register tick the box.

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

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# Income Protection application

For completion by the applicant

## Section One 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	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Date of Birth	<input type="text" value="D"/> <input type="text" value="D"/>	<input type="text" value="M"/> <input type="text" value="M"/>	<input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Age <input type="text"/>
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 Doctor 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

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## Section Two Occupations

What is your main occupation?

Your employment status is:      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?

Months

£

Do you have a secondary occupation for which you are paid?

Yes

No

If yes, please give details:

Do any of the following form part of your job?

*Please advise percentage of time spent at work doing this activity and details.*

Administration	%	
Driving include annual mileage	%	Mileage
Driving HGV include annual mileage	%	Mileage
Driving LGV include annual mileage	%	Mileage
Use of specialist 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?

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How long have you been in your current employment?

Years  Months

If less than five years please describe the duties of your previous occupation:

Duties

Do you pay Income Tax in the UK?

Yes  No

If no, please give 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?

Years  Months

Are you employed as a director of a limited company?

Yes  No

If yes how many shareholder directors are there within the company?

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### Section Three Benefit Requirements

Benefit required £  per month / £  per week

Monthly premium £

#### Cover type

Do you require indexation/escalation of benefit? Yes  No   
(Retail Price Index is used to calculate escalation)

#### 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 Plan 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 Plan commences? Yes  No

You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer all of the questions fully and accurately, the cover in the event of a claim may be rejected or not fully paid.

## Declaration and consent

### 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 Plan.

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 reinsurance company if the risk is shared with the reinsurance company. We may write to your Doctor if in our opinion a condition is noted at any medical examination, of which your Doctor 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. Your personal data will be available only to those people who have a legitimate need to see it.

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

You must remember that all items of information asked for in this form and the telephone interview are taken into account when assessing your cover. As we rely on the information you provide, you must take reasonable care to ensure the information you provide is correct, so you need to answer each question fully and truthfully. 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).

### 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 Plan. 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 are of equal importance and failure to advise us may result in a claim being rejected or not fully paid.



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**You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer all of the questions fully and accurately, the cover in the event of a claim may be rejected or not fully paid.**

## 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.

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.

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You should take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer all of the questions fully and accurately, the cover in the event of a claim may be rejected or not fully paid.

## Declaration and Consent

- I confirm that I have answered the questions in this form, during the tele-interviewing process and any additional forms honestly and accurately. The information I have provided in response to the questions is, to the best of my knowledge and belief, true and I have taken reasonable care to ensure those answers are correct.
- I am aware that if I haven't answered the questions correctly, my plan may be cancelled, or its terms may be changed or a claim may be rejected or not fully paid.
- I consent to you arranging and conducting a telephone interview with me and understand that the information provided forms part of the application for insurance. A copy of the Terms and Conditions and completed application form are available upon request.
- 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 (about my health or lifestyle including the result of any HIV test) 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 confirm 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

## Please sign and date this form here

Signature

Date

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

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

**The Original Holloway Friendly Society Limited**

Holloway House  
71 Eastgate Street  
Gloucester GL1 1PW

Service user number

9 3 0 4 3 9

Reference Number (for Society use)

0 0 0 0 0 0 0

A

Name(s) of Account Holder(s)

Please indicate when you would like your Direct Debit to be paid. You can choose between the 1st and 28th of the month.

Bank/Building Society account number

### Instruction to your Bank or Building Society

Please pay The Original Holloway Friendly Society Limited 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 The Original Holloway Friendly Society Limited and, if so, details will be passed electronically to my Bank/ Building Society.

Bank/Building Society Sort Code

Name and full postal address of your Bank or Building Society

Address
Postcode

Signature(s)

Date

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

DD12

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 The Original Holloway Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request The Original Holloway Friendly Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by The Original Holloway Friendly Society Limited 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 The Original Holloway Friendly Society Limited 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.

## Contact us. We're here to help.

### Address

Holloway House  
71 Eastgate Street  
Gloucester GL1 1PW

 01452 782 760

 [underwriting@holloway.co.uk](mailto:underwriting@holloway.co.uk)  
 [www.holloway.co.uk](http://www.holloway.co.uk)

### We're here

**Monday-Friday** 9.00am to 5.00pm

Tracy | Underwriting

