

Income Protection from the *original* provider.



Declaration and Consent

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 any claim may be rejected or not fully paid.

Data Protection Notice

Using your Personal Information

The Original Holloway Friendly Society (Holloway Friendly) is the Data Controller for the information collected.

Your personal information will be used by Holloway Friendly to assess your application and administer your plan. Any lifestyle and medical information which is collected in connection with your application will be used for 'underwriting', that is to see if we can offer you a plan, what cover we can offer and how much it will cost. Our systems will not allow your application to proceed if you have certain medical conditions or you tell us that you do certain jobs where we will be unable to offer you a policy. You have the right to challenge a decision made in this way (see your rights below).

We also use your personal information to administer your plan and if you make a claim. We use your information to fulfil our legal and regulatory obligations and to improve our products and processes. To ensure we charge a fair price, we will ask you whether close family members have suffered from certain medical conditions. You can see more details on how we use your information including details of the legal basis for using your information in our Privacy Notice which can be viewed at www.holloway.co.uk/privacy-notice/.

Depending on what you tell us, we may need need to contact doctors you have consulted to consider your application. You do not have to give us your consent, and may withdraw it, but if we cannot obtain this information we may not be able to offer you a plan, or it may cost more than it otherwise would have.

If your application does not proceed, Holloway Friendly may hold a record of the application for up to three years. Otherwise, we will hold the data we need for up to six years after your plan finishes to meet our regulatory obligations and so we can deal with any queries or complaints you may subsequently have.

Which Third parties receive Your Data?

Holloway Friendly will not sell your information to another company or use it to market the products or services of other companies to you. We do share information with third parties for various reasons. More information about the third parties we share data with is contained in our Privacy Notice. Your information, including sensitive medical information, will be shared with carefully selected third parties who supply specialist services to Holloway Friendly such as conducting telephone interviews, assisting with underwriting, and our Internal Auditors, Ernst and Young LLP and our External Auditors PricewaterhouseCoopers. Your Information and where appropriate copies of correspondence will be given to your financial adviser/insurance intermediary to enable them to give you advice and/or fulfil their regulatory obligations. If at any time you do not want us to send your information to your financial adviser/ insurance intermediary in the future, please let us know. A copy of your personal information, including sensitive medical information may be given to a reinsurance company, another company that shares the risks that people will claim under insurance policies, should we choose to reinsure part of our business. Holloway Friendly will only disclose your personal information in accordance with Data Protection legislation, including the General Data Protection Regulation (GDPR) and will only allow third parties we appoint to send your information to countries outside the European Union when appropriate safeguards are in place.

To protect Member funds, to prevent and detect fraud, we sometimes access publicly available information about claimants. These sources include social media and electoral roll data. If fraud is suspected, we may decide to pass information to fraud prevention agencies or employ covert surveillance methods. More information about our approach to preventing fraud is contained in our Privacy Notice.

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

Your Rights

- **Access your information** and some details of how we use it such as the purpose of the processing, the categories of information that we hold, to whom it has been disclosed and how long it will be stored. We do not normally make a charge for supplying this information. We will agree with you how to securely provide access to your information, in writing or by electronic means, where this is possible.
- **Data portability.** For some information, typically the personal information you supplied to us, you have the right to ask that we send it to a third party you have chosen. The third party will then become responsible for looking after it.
- **Rectification.** We try and keep the personal information we have about you up to date and accurate. However, if it is not correct or incomplete, you can ask us to correct it or add other information to it.
- **Erasure.** This has sometimes been called 'the right to be forgotten' in the press. You can ask us to delete some of the your information if you think we no longer need it for the purpose for which we collected it or where we are only processing it with your consent and you wish to withdraw consent. There may be reasons why we cannot delete your information e.g. if we are obliged to keep it for legal or regulatory reasons. Where this is the case we will tell you, and indicate how long we need to keep it.
- **Restriction of processing.** You can ask us to stop processing your information in certain situations e.g. if you are concerned your information is inaccurate and you want us to verify it or you don't think we have the right or need to process it, but don't want us to delete it.
- **Right not to be subject to automated decision making.** Our systems will not allow your application to proceed if you have certain medical conditions or you tell us that you do certain jobs where we will be unable to offer you a policy. You have the right to object to automatic decisions made in this way and if you do so, one of our team will reconsider your

application.

If you have any queries or concerns about how we handle your information, or want to exercise your rights, please contact us at: Dataprotectionofficer@holloway.co.uk. Our full Privacy Notice can be viewed at: www.holloway.co.uk/privacy-notice/.

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 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 relating to your application can be obtained by visiting our website: 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, medical or otherwise are of equal importance and failure to advise us may result in a claim being rejected or not fully paid.

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 any claim may be rejected or not fully paid.

Access to Medical Reports Act

We may need to get information from your doctor to support or check the answers you have given in your application.

Before we can ask any Doctor that you may have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Your rights are as follows:

1. Before we can apply for a medical report from a doctor who has cared for you, we need your agreement.
2. You do not have to give your consent but if you don't we may not be able to consider your cover.
3. You can ask to see a report before your doctor sends it to us. If you have said you want to see it before it is returned to us, we will write to let you know when the report has been requested and we will ask your Doctor to hold onto the completed report for 21 days so that you can arrange to see the report. If you have not arranged to see the report within this time, your Doctor will send the report to us.
4. If you choose not to see the report at this stage, you can ask your doctor to see a copy of the report for up to six months after it has been sent to us.
5. You can ask your Doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report.
6. Your Doctor can refuse you access to the report if he or she feels it would cause physical or mental harm to you or others.

The medical report that your Doctor completes will ask about:

- Past and current health including relevant consultations, treatment, operations, investigations and test results that you may have undergone at any surgery, hospital or clinic, or the results of referrals or tests you are awaiting for
- Any history of disease among your parents or brothers or sisters that you have told your Doctor about

The medical report will not ask about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually transmitted diseases unless there could be long-term effects on your health
- Predictive genetic test results unless there is a favourable test which shows you have not inherited a condition your family suffers from.

Genetic Testing

If you have had a genetic test, you only have to tell us if this application, when added together with any other 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 beneficial to disclose if you have had a negative genetic test for such a condition.

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 any claim may be rejected or not fully paid.

Declaration and Consent

- I confirm that I have answered the questions in this form 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 it's 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 agree that a copy of this application can be treated as the original for all purposes.

Consent to Collect Information

- 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.
- I agree that Holloway Friendly or any nominated Insurance Company may ask for information, including medical reports (about my health or lifestyle including the result of any HIV test) from any insurance office, including those listed by me in section 4, 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 within 6 months of today's date and also to support any claim that may be made on the Plan, including a death claim.
- 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

- I agree that Holloway Friendly may obtain and use my personal information (including sensitive medical and lifestyle data) to see if Holloway Friendly can offer me a plan and on what terms. I agree that other organisations named in the Data Protection Notice may also access my information. I understand that I can withdraw my consent at any time before being accepted for a plan by contacting Holloway Friendly.
- I understand that after I have taken out a plan Holloway Friendly will use my personal information for the purposes outlined in its Privacy Notice and that withdrawing my consent to processing at this time will not result in all processing ceasing.

I agree

Please sign and date this form here

Signature

Date

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 any claim may be rejected or not fully paid.



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 0 A

Name(s) of Account Holder(s)

Bank/Building Society account number

--	--	--	--	--	--	--	--	--	--	--

Bank/Building Society Sort Code

--	--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

Address
Postcode

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.

Signature(s)

Date

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

DDI2

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
 www.holloway.co.uk

We're here

Monday-Friday 9.00am to 5.00pm

Tracy | Underwriting

