

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 cover in the event of any claim may be rejected or not fully paid.

Data Protection Notice

Using your Personal Information

The declaration you give in this form, together with any information obtained from any telephone interview, will be used by Holloway Friendly to assess your application 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 you and 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 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 cover in the event of 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 cover in the event of any 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 documents 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 have not answered the questions correctly, my plan may be cancelled, or the terms may be changed or a claim may be rejected or not fully paid.
- I confirm receipt and have read and understood the appropriate Key Features document for the plan.
- I consent to you arranging and conducting a telephone interview with me and understand that the information I provide will form 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 understood the **Disclosure** and **Continuing Duty to Disclose** notes in this form.
- I fully understand that in the event of a claim, the limitations to benefit entitlement are 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 to you:

- Asking any Doctor I have consulted about my physical or mental health to provide medical information
- Gathering any relevant information (e.g. Health and lifestyle including the result of any HIV test) from other insurers to which I have applied
- Obtaining medical information from my Doctor either for the purposes of assessing my application, or as part of your random disclosure verification process to check the accuracy of any statement made in, or in connection with this application

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 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 medical report please tick the box

Please sign and date this form

Signature

Date



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

Holloway Friendly is the trading name of The Original Holloway Friendly Society Ltd.
Holloway Friendly is registered and incorporated under the Friendly Societies Act 1992, registered No. 145F.
Registered office: Holloway Friendly, Holloway House, 71 Eastgate Street, Gloucester, GL1 1PW.
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FRN 109986.