

APPLICATION FORM

Income Protection Plan

PERSONAL DETAILS:	1st Applicant		2nd Applicant	
	Title	Male/Female	Title	Male/Female
Surname				
First Name(s)				
Date of Birth				
Address				
	Postcode		Postcode	
Telephone Number				
Email Address				
Occupation				
Occupational Status	Contract/Self-employed/Employed		Contract/Self-employed/Employed	
Nature of Business				
Employers Name & Address				
	Postcode		Postcode	
Length of time with your employer/self-employed	years	months	years	months
What is your gross monthly income?	£		£	

COVER DETAILS:

How much monthly cover do you require? £

Gross Insurance Premium £

Insurance Premium Tax £

INSURANCE PREMIUM £

Term Required	Please Tick One
2 Years (24 Months)	<input type="checkbox"/>
3 Years (36 Months)	<input type="checkbox"/>
4 Years (48 Months)	<input type="checkbox"/>
5 Years (60 Months)	<input type="checkbox"/>

NB: Total monthly benefit must not exceed £2,500 or 75% of your gross monthly income, whichever is lesser and will last for up to five years. Instructions for calculating the premium are listed below. Figure includes Insurance Premium Tax.

STATEMENT OF PRICE:

Insurance Premium Calculation	Monthly cover required x length of term (years) = Gross Insurance Premium	E.g. Cover Required = £400, Term = 4 Years £400 x 4 = £1600
	Insurance Premium Tax (IPT) 5%	E.g. Gross Insurance Premium = £1,600 5% of £1,600 = £80
	INSURANCE PREMIUM	E.g. Gross Insurance Premium + IPT = £1,680

DEMANDS & NEEDS STATEMENT...

The Income Protection Plan meets the demands and needs of those who wish to protect their ability to meet their financial commitments when they are unable to work due to accident, sickness or involuntary unemployment.

CUSTOMER DECLARATION — If the answer to any of the questions below are in shaded boxes, please supply full information in section provided, overleaf

	1st Applicant		2nd Applicant	
Are you actively working, in contract employment or self-employed for more than 16 hours per week?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you at any time during the last 12 months been registered as unemployed or changed jobs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have there been any redundancies in your company over the last two years or are you aware of any proposed mergers, takeovers or reorganisation projects, or unemployment which may affect you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you own (directly or indirectly) more than 10% of the issued share capital of the Company that you are working for?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you consulted your doctor or any other medical practitioner during the 12 months immediately prior to the start date of your application (other than for minor ailments)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you aware of any impending disability which may affect you?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has any application for insurance cover on your life ever been postponed, declined or withdrawn, or any special terms imposed or do you already have an ASU type policy in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

CUSTOMER DECLARATION CONTD.

I declare that I have received, read and understood the Key Facts documentation. I confirm I have had the contents of the Key Facts documentation fully explained to me. I will inform the underwriters of any changes that occur before this insurance commences. I understand that failure to do so may void this insurance and that a claim for benefits may not be paid. To the best of my knowledge and belief all the statements made which includes anything I have said, have been recorded or attached, are true and complete. This disclosure will form the basis of the contract. I agree that a copy of the agreement given in this declaration will have the validity of the original.

Data Protection Act 1998:

The Data Controller, in relation to any personal data you supplied, is Adminicle Ltd. The information you have provided will become part of the personal data held by Adminicle Ltd and will be used for the provision and administration of insurance products and services. It may be disclosed to other third party organisations for underwriting and claims handling purposes. In addition, we may seek information from other insurance companies and other third party organisations to check the answers you have provided. Where fraud is suspected, we may disclose data to other parties if they request information in writing from us. You are entitled to a copy of all the information we hold about you. Requests must be made in writing to Adminicle Ltd. A fee may be charged for this service.

Applicant 1 Signature:

Applicant 2 Signature:

AGENT DECLARATION:

I, the Agent of the Applicant(s), hereby declare that I have given the Applicant(s) a copy of the Initial Disclosure Document and a copy of the Key Facts Documentation and explained the contents to him/her and that the Applicant Declaration was explained to him/her before agreement was obtained from Him/Her

Signature:

Date:

Agent No:

Agent Name:



ADDITIONAL INFORMATION: