

# POLICY APPLICATION FORM

AGENT NAME & NUMBER



PLEASE READ THIS IMPORTANT NOTE BEFORE COMPLETING THIS APPLICATION FORM

- It is important that all questions are answered truthfully and accurately. Please disclose all relevant facts that could influence or affect the assessment and/or acceptance of the application for insurance, including the amount of premium payable.
- If a policy is issued without all relevant information having been provided, Sterling Life Limited and Sterling Insurance Company Limited may avoid payment of a claim under the policy. If you are in any doubt as to whether certain information is relevant you should disclose it. If you consider that the response to any of the questions in the application form requires any expert or third party knowledge that you do not have, please indicate this in your answer.
- Sterling Life Limited and Sterling Insurance Company Limited must be notified, in writing, of any changes to the details provided on the application form, including those relating to health, occupation, pastimes, travel or country of residence that occur before the policy is issued.
- Sterling Life Limited and Sterling Insurance Company Limited are not liable for the payment of any benefit under the policy until the start date of the policy has been confirmed and reached and the first premium has been paid.
- Sterling Life Limited and Sterling Insurance Company Limited have a confidentiality policy in place, which means that medical information is held securely and access is limited to authorised individuals who need to see it for the purpose of processing your application.

Sum Assured £

Term

Premium £

Joint Life

Single Life

## A Personal Details

	First Life	Second Life
Title (Mr/Mrs/Miss/etc)		
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Surname		
First name(s)		
Date of birth		
Marital status		
Full address	Postcode	Postcode
Contact telephone numbers	Daytime	Daytime
	Mobile	Mobile
Country of birth		
Doctor's name		
Doctor's address	Postcode	Postcode
Doctor's telephone number		

## B Lifestyle Details

The following questions require "yes/no" answers. If you answer "yes" to any of the questions, please provide full details in Section E.

	1st Life		2nd Life	
	Yes	No	Yes	No
1(a) Have you used any form of tobacco products (including nicotine replacement products) in the past 12 months?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1(b) If you smoke/smoked cigarettes, cigars or a pipe please indicate how many per day.	<input type="text"/>		<input type="text"/>	
2 Please state your average weekly alcohol intake in units. (A unit is a pub measure of wine or spirits, or a half pint of beer, lager or cider).	<input type="text"/>		<input type="text"/>	

## C Medical Details

- In accordance with the Association of British Insurers' policy on Genetics and Insurance, you do not need to tell us about any genetic test result you have had if this application is for Life and/or Critical Illness insurance and, taken together with any other insurance policies you already have, totals to £300,000 or less.
- Above £300,000, you may need to tell us about certain genetic test results when applying for certain types of insurance. We will only be interested in genetic test results where the Government's

Genetic and Insurance Committee have approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position.

- You must tell us if you either have a family history of, or are experiencing symptoms of, or are having treatment for a medical condition including any genetically inherited condition.
- **We will rely on what you tell us and you must not assume that we will clarify or confirm any information that you have provided (with your GP).**

	1st Life				or	2nd Life			
	ft	inch	m	cm		ft	inch	m	cm
3. What is your height?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. What is your weight?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

The following questions require "yes/no" answers.

If you answer "yes" to any of the questions, please provide full details in Section E.

	1st Life		2nd Life	
	Yes	No	Yes	No
5. Are you due to have any check-up in the next 12 months in connection with any medical condition, or are you waiting for the result of any medical investigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you currently have or have you ever had any of the following:				
• Lump or growth, cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Heart attack, angina, heart defects from birth or heart surgery?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Stroke, circulatory problems, brain haemorrhage or permanent brain injury?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Multiple sclerosis, Parkinson's disease, paralysis, epilepsy, Alzheimer's disease, dementia, or cerebral palsy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Diabetes or sugar in the urine?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Mental illness that has required hospital treatment or referral to a psychiatrist?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. In the last 5 years have you:				
• Had any chest pain, irregular heart beat, raised blood pressure or raised cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had any kind of medical attention for depression, anxiety, stress or nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Had any disorder of the digestive system, liver, stomach, pancreas or bowel (including gastric or duodenal ulcer hepatitis, colitis or Crohn's disease)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Consulted any doctor, received or have been advised to have any investigations, scans or blood tests in connection with any medical condition (excluding coughs, colds, flu and broken bones)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## D Insurance Details

The following questions require "yes/no" answers. If you answer "yes" to any of the questions, please provide full details in Section E.

8. Has any application you have made for life, critical illness or health insurance ever been declined, postponed or subject to an increased premium or other special terms?
- | 1st Life                 |                          | 2nd Life                 |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|
| Yes                      | No                       | Yes                      | No                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

## E Additional Information

Question number	Details and dates

# F Warnings and Declarations

The following sections and declarations are written as if one person is making an application. For joint applications, please read 'I' as 'we', 'my' as 'our' and 'me' as 'us'.

## Important Notes

- Appointed Representatives, Brokers and Independent Financial Advisers submitting application forms to Sterling Life Limited do not have the authority to conclude contracts on Sterling Life Limited's behalf.
- Unless specifically agreed to the contrary, this insurance shall be subject to English law and the exclusive jurisdiction of the English courts.
- The plan will not start until we have assessed and accepted your application, and the first premium has been paid. If you have a birthday while your application is being processed, the terms may differ from those originally quoted.
- In most instances your payments will be as originally quoted. We may offer you revised terms, but occasionally we may not be able to offer any terms.
- We may ask you to contact your doctor if we are waiting for reports which we have asked for.
- If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.
- We may need to send your application and relevant medical reports to our reassurers for their opinion or agreement of the terms offered. Or, we may need to send them at a later stage for purposes relating to managing the policy. You can get details of general reassurance principles and details of any company we use to assess your application, from our head office.
- We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

## Access to medical reports

- We may need to get medical reports to support your application. Before we can ask any doctor that you have consulted to complete a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the act are as follows.
- You do not need to give your permission, but if you do not, we may not be able to go ahead with your application. This does not prevent you from applying to other companies for insurance.
- You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date. If you do request a copy of the report from him, he is at liberty to charge you a reasonable fee to cover his costs.
- If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.
- Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others. In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If it is the whole report which is affected, he must not send it to us unless you give your consent.
- We may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that you have applied for.
- We may gather medical reports within six months of the start of the plan, or after your death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis.

## The medical report your doctor completes asks about the following.

- Your current health.
- Any care, medication or treatment you are currently receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health.
- Details of any relevant illness, trauma, or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
  - Malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
  - musculoskeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
  - anxiety, depression, neurosis (such as phobias, obsessions and so on), psychosis (a mental disorder where you lose contact with reality), stress or fatigue;
  - suicidal thoughts or attempts at suicide; or
  - conditions related to drug or alcohol misuse or smoking or chewing tobacco.
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations.
- Any blood pressure readings in the last three years.
- Any history of disease among your parents or brothers or sisters that you have told your doctor about.

## We have asked your doctor not to reveal information about:

- negative tests for HIV, hepatitis B or C;
- any sexually-transmitted diseases unless there could be long-term effects on your health; or
- predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from.

## The information you and your doctor provide about your health may result in us:

- refusing to provide insurance;
- increasing premiums above standard rates; or
- setting premiums at standard rates.

If you have any questions about your rights under the act or questions relating to the process of getting, assessing or storing medical information, please write to: The Compliance Officer, Sterling Life Limited, Ambassador House, Richmond, Surrey, TW9 1SQ

## Declaration

In accordance with the Data Protection Act 1998 I understand and give my explicit consent that the personal data I provide, including sensitive personal data, may be used for the purposes of my insurance by Sterling Life Limited and Sterling Insurance Company Limited and any of their connected companies, agents, subcontractors, and other insurers as appropriate for the purposes of my insurance. Also, I irrevocably authorise any medical practitioner who I have consulted to provide any medical information requested by Sterling Life Limited and Sterling Insurance Company Limited and its connected companies in relation to a claim made by my personal representatives. I understand that I am entitled to a copy of my personal data held by Sterling Life Limited and Sterling Insurance Company Limited and their connected companies upon payment of a fee.

- I do not want you to use the information I have supplied to let me know about other products and services you offer.
- You may use the information I have supplied to let me know about other products and services you offer.

I/We have read the Declaration, Important Note and information relating to my/our rights under the Access to Medical Reports Act.

1st Life: **Please tick one box only**

I wish to see the medical report before it is sent to the Company   
I do not wish to see the report before it is sent to the Company

1st Life Signature  Date

2nd Life: **Please tick one box only**

I wish to see the medical report before it is sent to the Company   
I do not wish to see the report before it is sent to the Company

2nd life Signature  Date