



# Unum Select Income Protection/Sick Pay Insurance Application Form

Application to Unum Limited ("Unum", "we", "us")  
Registered Office: Milton Court, Dorking, Surrey RH4 3LZ  
Registered number: 983768

Employer Name:

Employer Reference Number (RBCN):

## Application Type (Please tick relevant box)

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Newly Eligible Member              | <input type="checkbox"/> Late Entrant |
| <input type="checkbox"/> Change to existing Coverage        | <input type="checkbox"/> Rehire       |
| <input type="checkbox"/> Cover over Guaranteed Issue Amount |                                       |

## Member Details

Employee Name

National Insurance Number

Gender  Male  Female

Date of hire (day/month/year)

Date of birth (day/month/year)

Occupation

Class

Annual Salary

Email Address

Work Telephone number

Actively at Work  Yes  No

Scheduled Number of Working Hours per week

## Coverage Information

Have you smoked tobacco in the last 12 months?  Yes  No

## Benefit and Cost (to be completed by enroller)

Benefit Amount

£

Payroll Frequency

Cost

£

## Fitness and Lifestyle Details

1. What is your height?

feet

inches

2. What is your current weight?

stones

pounds

3. Have you been absent from work because of sickness or injury for a total of 8 weeks or more in the last 12 months or for more than 10 days in the last 4 weeks?

Yes

No

4. Are you waiting to have surgery on any of your joints?

Yes

No

5. Have you had any of these?

Yes

No

(a) A heart attack in the last 12 months

(b) A stroke (ever)

(c) Cancer of the liver, lung or pancreas or a malignant brain tumour or any other cancer for which you are still being treated, you have an appointment to see a specialist in cancer care or you are aware your consultant intends to call you back for a review of your condition

(d) Multiple sclerosis

(e) Pain from or treatment for rheumatoid or psoriatic arthritis in the last 12 months

(f) An organ transplant (ever)

(g) More than 12 months off work (ever) for stress-related illness, low mood, anxiety, depression or chronic fatigue

(h) Medication in the last 6 months for depression or another psychiatric disorder

6. In the last 6 months, have you needed urgent medical attention for any of the following conditions, have you sought advice about any of them for the first time or taken more than two consecutive weeks off work because of any of them?

Yes

No

(a) A heart disorder, an irregular or abnormal heart beat or a blood pressure problem

(b) Chest pain or shortness of breath

(c) Diabetes

(d) Stress-related illness, low mood, anxiety or depression

(e) Back pain

(f) Crohn's disease or ulcerative colitis

(g) Pancreatitis

7. In the last 4 weeks, have you had any of these signs or symptoms of illness, whether or not they were serious enough for you to consult a doctor?

Yes

No

(a) Fatigue that has restricted your normal activity for more than two weeks continuously

(b) Numbness or dizziness lasting more than a day

(c) Breathlessness lasting more than two hours that you do not know to be caused by a respiratory infection or disorder

(d) A new mole or other growth on your skin or an existing one that has become itchy or painful or has changed its shape, size or colour

(e) Stomach or abdominal pain or discomfort lasting more than a week

## Member Declaration

### How we shall process information relating to you

We shall hold all information relating to you electronically and/or in a manual system. We shall process all information fairly and lawfully in accordance with the principles of the Data Protection Act 1998

Access to information concerning you will be limited to employees and contractors of Unum, for example independent health professionals, who need access in order to process and/or assess the application.

We may additionally share information and conduct checks with third parties for purposes relating to the application, for validation purposes and for other lawful purposes. Third parties (who may be situated either within or outside the European Economic Area) may include, but are not limited to, reinsurers, underwriters, the Financial Conduct Authority, the Prudential Regulation Authority, the Financial Ombudsman Service, medical agencies, other insurance companies and sub-contractors and agents. By signing this application you agree that we may share information concerning you.

We will not discuss medical information about you with anyone other than you without your written consent. This includes your financial and legal advisers, the policyholder, your employer, your spouse and other relatives and friends. To help assess the risk or administer the policy, we may discuss non-medical information about you with your financial adviser or with the policyholder.

We monitor telephone conversations and e-mail communications from time to time for the purposes of training and in the interests of continually improving the quality of service we provide

### Your declaration and consent

I understand and I agree that I am entirely responsible for the statements I have made or that have been made on my behalf in this application and I declare that to the best of my knowledge and belief those statements are true and complete. I have taken the guidance provided in this application into account in making or in verifying my statements.

I agree to inform Unum immediately in writing of any change to my statements in this application before Unum's acceptance of the risk.

I understand that if at any time after I have submitted this application Unum finds I have given incomplete or false information, Unum may change the underwriting terms, refuse my claim or withdraw my cover.

I have read and I understand my statutory rights concerning the processing and use of information relating to my application as set out in this form.

I consent to Unum confirming the underwriting decision, including any exclusion wordings or other special terms, to the policyholder and the policyholder's financial advisers.

I authorise Unum to release information, including but not limited to information concerning my physical and mental health, to my doctors, to doctors or specialists appointed by Unum in relation to my application and to any third party who requires this information for lawful purposes.

Your signature

Date (day/month/year)

Your full name

FOR ELECTRONIC VERSION ONLY:

Application Form Completed on:

Date (day/month/year)

Time

**unum.co.uk**

**Unum Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.**  
Registered in England 983768.

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