

## Data Capture Form for online submission

### INCOME FIRST



The quickest and most effective way to apply for income protection is to login at [www.the-exeter.com](http://www.the-exeter.com) with your client either with you in person or over the phone.

This Data Capture Form cannot be used to apply for a policy – it is designed to capture the basic responses from your client, which will need to be submitted online using The Exeter’s interactive application journey.

**Please make sure that the information entered on this form and online is complete and accurate as it is taken into account when deciding whether to accept your client’s application and calculating premiums.**

**Failure to answer any questions fully and accurately may result in us being unable to pay a claim or cancelling a policy.**

To apply for income protection from The Exeter your client must:

- Have been resident in the UK for at least the last three years and registered with a UK based NHS GP for the same period
- Be working at least 15 hours per week, either employed or self-employed.

# Applying for income protection

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We invest in state-of-the-art underwriting technology to ensure that not only are our products simple to advise on, but that they're complemented by a seamless service.

Our adviser platform is an online-only application process. The rules-based application journey uses dynamic questioning, designed to gather all of the information we need immediately.

The quickest and most effective way to apply for one of our products would be to login at [www.the-exeter.com](http://www.the-exeter.com) with your client either with you in person or over the phone.

Alternatively, you can use this Data Capture Form to capture the basic responses from your client. There is also a notes section on page 11 to gather further information about your client's disclosures.

## **Unfortunately we are unable to offer cover to clients with the following medical issues:**

- Hepatitis B or C
- AIDS
- Ischaemic heart disease which includes heart attacks and angina
- Most recent cancers requiring chemotherapy or radiotherapy
- Major strokes
- Multiple suicide attempts
- Multiple sclerosis
- Psoriatic arthritis
- Recreational drug use in the last five years (excluding light cannabis use)
- Rheumatoid arthritis
- Transplants
- Type 1 diabetes
- Type 2 diabetes for those under the age of 30.

## ► Quote details

Title \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Date of birth (you must be between the ages of 18 and 59 to apply) \_\_\_\_\_

Gender  Male  Female

What is your job? \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

What finishing age would you like to choose? \_\_\_\_\_

Finishing age must be between 50 - 70

How much did you earn in the last year? £ \_\_\_\_\_

If you are employed, please state your earnings for the current tax year £ \_\_\_\_\_

If you are self-employed, please state your earnings for the last full tax year £ \_\_\_\_\_

If you are self-employed, please state your projected earnings for the current tax year £ \_\_\_\_\_

*This is your taxable income. You can include overtime, commission and bonuses but you can't include income from investments.*

*Don't include any income that would continue if you can't work. If you're self employed, please tell us your taxable income - in other words earnings after costs and before tax.*

Monthly benefit required £ \_\_\_\_\_

Benefit must not exceed 60% of your earnings, up to £100,000 per year and 40% in excess of £100,000. Benefit must be between £500 and £10,000 per month.

What waiting period would you like to choose?

Day 1     1 wk     4 wk     8 wks     13 wks     26 wks     52 wks

*If you are an NHS medical professional or Teacher, we offer flexible waiting periods so that you can receive a benefit that complements your sick pay arrangements. This option is only available where a waiting period of 52 weeks has been selected. Please see the Policy Document for more information.*

You may split your cover to be payable after two separate waiting periods. If you require this facility please state:

Second monthly benefit required £ \_\_\_\_\_

Second waiting period

Day 1     1 wk     4 wk     8 wks     13 wks     26 wks     52 wks

Have you smoked or used nicotine replacement products in the last 12 months?     yes     no

Which claim period would you like to choose?     2 Year     5 Year     Full term

Which premium option would you like to choose?

Age-costed reviewable premiums     Age-costed guaranteed premiums     Level guaranteed premiums (only available on a waiting period of 4 weeks or longer.)

Do you want the benefit to be index-linked?     yes     no

## ► Height, weight

What is your height?

*Please tell us your height without shoes*

\_\_\_\_\_ feet    \_\_\_\_\_ inches **or** \_\_\_\_\_ cm

What is your weight?

*If you're uncertain of your current weight, please ensure you weigh yourself before answering. If you're currently pregnant, please tell us your weight immediately before your pregnancy*

\_\_\_\_\_ stones    \_\_\_\_\_ pounds **or** \_\_\_\_\_ kgs



Please note we may not pay a claim and could cancel your policy if you do not answer the questions truthfully and accurately

## ► Lifestyle

How many of the following do you drink in a week?

*Think back over the last 3 months and consider what you would normally drink in a week*

Pints of beer or cider \_\_\_\_\_

Glasses of wine \_\_\_\_\_

Measures of spirits \_\_\_\_\_

Other alcoholic drinks \_\_\_\_\_

Have you ever been advised by a health professional to reduce your alcohol consumption?

yes  no

Have you ever taken drugs that were not prescribed by a doctor?  
(e.g. ecstasy, cocaine, heroin, cannabis, anabolic steroids etc)

yes  no

## ► Details of your job

Do you currently have cover with us?

*By 'us' we mean The Exeter, Exeter Family Friendly or Pioneer*

yes  no

What is your current employment status?

Employed

Self employed

Company Director

Unemployed or retired

Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury?

yes  no

How many hours are you regularly working per week? \_\_\_\_\_

Do you have a second occupation?

yes  no

If yes, please specify your second occupation \_\_\_\_\_

## ► Residency/overseas travel

During the last three years, have you resided, worked or travelled outside of the UK (other than for holidays)?

yes  no

Do you intend to reside, work or travel outside of the UK in the future (other than for holidays)?

yes  no

Have you been registered with a UK NHS GP for the last three years?

yes  no

## ► Sports, hobbies

In the last five years have you taken part in any of the following sports or hobbies, or do you intend to do so?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Aviation of any kind  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Horse riding ( <i>other than private hacking</i> )  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Kitesurfing   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Martial arts or combat sports   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Motor sports  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Mountain biking ( <i>other than along flat paths</i> )  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Outdoor rock climbing/mountaineering  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Rugby ( <i>other than coaching or refereeing</i> )  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Scuba diving  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Skiing or snowboarding  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Do you participate in any sport in a semi-professional or professional capacity?<br><i>By this we mean engaging in sporting activities for which a salary, sponsorship, a benefit in kind, payment of expenses or financial support of any kind is received</i> | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |

## ► Past medical history

Have you ever had any of the following?

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Cancer or a brain or spinal tumour/cyst  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Diabetes   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Disease or disorder of the neurological system including but not limited to multiple sclerosis (MS), paralysis, Parkinson's disease, or epilepsy | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Disorder of the heart, arteries or veins, including but not limited to heart attack, angina, heart defects from birth or heart surgery           | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| HIV, hepatitis B, C or D, or are you awaiting the results of such a test   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Joint replacement or resurfacing or multiple surgery to the same joint   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Mental health issue which has required a specialist, psychiatric or hospital referral or inpatient stay  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Stroke, transient ischaemic attack (TIA) or brain injury   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |



Please note we may not pay a claim and could cancel your policy if you do not answer the questions truthfully and accurately

## ► Recent medical history - last five years

Apart from anything you have already told us about, in the last five years (regardless of whether you've seen a doctor, required treatment or had time off work) have you had any of the following?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Back pain, neck pain, sciatica, whiplash or anything else affecting your back or neck.  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any form of arthritis, joint pain, gout or anything else affecting your bones, joints, ligaments, tendons or muscles.   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Anxiety, depression, stress or any other mental health issues (including but not limited to work stress, low mood, depression).   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Insomnia, persistent tiredness or fatigue including chronic fatigue syndrome and ME   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Raised blood pressure or cholesterol readings   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Chest pain or irregular heartbeat   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Numbness, pins and needles, balance problems, dizziness or difficulty with co-ordination or walking   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any disorder of the ears, including but not limited to impaired hearing, tinnitus, Meniere's disease or labyrinthitis   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Impaired vision, including but not limited to blurred or double vision<br><i>You do not need to tell us about impaired vision which is fully corrected with glasses or lenses</i>   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Asthma, bronchitis or any other lung or breathing problems<br><i>You do not need to tell us about: common colds or flu, or one-off chest infections that you have fully recovered from</i>  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any stomach, digestive system or bowel disorder, including but not limited to Crohn's disease, ulcerative colitis, irritable bowel disease, hernia, and Barrett's oesophagus  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| An abnormal cervical smear or any other gynaecological disorder that has required regular follow up   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Lump, cyst, growth or polyp, or have you had a mole or freckle that has bled or changed in appearance   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Had, or been advised to have any medical investigations<br>(e.g. blood tests, MRI/CT/ultrasound scans, x-rays, ECG or other heart tests)<br><i>You do not need to tell us about tests in association with uncomplicated pregnancy</i> | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Attended a hospital or other clinic as an inpatient or outpatient, or awaiting such a referral?   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |



Please note we may not pay a claim and could cancel your policy if you do not answer the questions truthfully and accurately

## ► Recent medical history - last two years

Apart from anything that you have already told us about, in the last two years have you:

Been asked to attend a follow-up or regular reviews with a GP, hospital or clinic?  yes  no

Been prescribed any medication or treatment (including a course of counselling)?  
*You do not need to tell us about contraception, HRT or fertility treatment*  yes  no

Had more than 10 consecutive days off work?  yes  no

Are you currently experiencing any symptoms that you have not yet seen a health professional about?  yes  no

## ► Family history

Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 65?

Cancer  yes  no

Polyposis Coli / Familial Adenomatous Polyposis (FAP)  yes  no

Diabetes  yes  no

Heart disease or stroke  yes  no

Cardiomyopathy  yes  no

Multiple sclerosis  yes  no

Parkinson's disease or Alzheimer's disease  yes  no

Muscular dystrophy  yes  no

Huntington's disease or motor neurone disease  yes  no

Polycystic kidney disease  yes  no





Please note we may not pay a claim and could cancel your policy if you do not answer the questions truthfully and accurately

## ► Important notes

Please make sure the information you enter on this form is complete & accurate as it is taken into account when deciding whether to accept your application and for calculating your premium. If you do not do so, we may not pay a claim you make and could cancel your policy.

For the same reason if after submitting the application and before the policy starts there are any changes to your health or personal circumstances (this includes a change in job or take up of a hazardous hobby) you should notify us immediately.

We may need to request further information to assess your application. We may also check a sample of applications by obtaining further information after your policy has started. If we require further information from your doctor, we will contact you to request your doctor's details and your consent to us obtaining a medical report. If you do not provide consent, we may need to cancel your policy.

We may need to send your application and relevant medical reports to our reinsurers, or any third parties

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.

Any information which you have provided or which has been provided by others on your behalf relating to your health or lifestyle is 'special category data' under the UK data protection legislation. The information will be held securely and access limited to those who need to see it. This includes your GP, any other medical practitioner or health care professional acting on our behalf as well as your financial adviser and any reinsurers or other insurers you have applied to and given consent to.

To learn more about your rights under the Access to Medical Reports Act 1988, please contact us. For more information about how we use and safeguard your personal information, please refer to our Privacy Policy at [www.the-exeter.com/privacy-policy](http://www.the-exeter.com/privacy-policy)

## ► Client declaration

### **a. I understand that:**

- This data capture form only includes the basic set of questions required when applying for income protection by The Exeter
- If I have answered 'yes' to any of the questions in this form, my financial adviser will require more information when submitting the application using The Exeter's online application.

### **b. I confirm that:**

- The information given in this form has been provided truthfully and accurately
- I have given my adviser permission to apply on my behalf using the information in this data capture form and any supplementary information required.

### **c. Once the application is submitted by my adviser, I confirm that:**

- I will immediately inform you if there are any changes to any answers given on the application before the policy starts
- I am aware that the information provided during the application will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy(ies) is amended or cancelled

- I agree to your sending my application and any other information which I have provided or which has been provided by others on my behalf relating to my health or lifestyle including any relevant medical reports to your reinsurers, or any third parties for their opinion or agreement of the terms offered, or subsequently for administrative or management purpose. Such third parties may include my GP, any other medical practitioner or health care professional acting on your behalf as well as my financial adviser and any reinsurers or other insurers I have applied to and given such consent to

For your own benefit and protection you should read the policy terms and conditions before signing below and providing permission for your adviser to apply for income protection from The Exeter on your behalf. If you do not understand any point please ask us for further information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

▶ **Notes**

The friendly specialists in  
income protection, life cover,  
health insurance and cash plans.

## Contact us

**Members:**

Enquiries: 0300 123 3201  
member@the-exeter.com

**Financial Advisers:**

Enquiries: 0300 123 3203  
adviser@the-exeter.com

**Opening times:**

Monday to Friday 8am – 6pm

*Calls may be recorded and monitored.*

**Postal address:**

The Exeter, Lakeside House, Emperor Way, Exeter EX1 3FD

**Website:**

[the-exeter.com](http://the-exeter.com)

**The legal blurb**

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.