

## 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 in an employed or self-employed occupation.

# Applying for income protection

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. You can use the medical history questionnaire on page 16 or notes section on page 17 to gather further information about your client's disclosures. We have also included some additional medical questionnaires for specific conditions.



## Important note - delegated underwriting

To help, you can use our delegated underwriting feature, which enables you to delegate application questions via email for your client to complete, benefiting you in the following ways:

- Provides a quick solution if you're stuck on a question
- Removes the risk of non-disclosure from an adviser perspective
- Saves you time on keying in applications.

### 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

Occupation \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

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

Email \_\_\_\_\_

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

Finishing age must be between 50 - 70

What is your personal taxable income? £ \_\_\_\_\_

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

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

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

Monthly benefit required £ \_\_\_\_\_

Benefit must not exceed 60% of your personal taxable income 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 medically advised to reduce your alcohol consumption?

yes  no

*This includes being referred for specialist support such as to an alcohol addiction unit or Alcoholics Anonymous*

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

yes  no

## ► Occupation details

Do you currently have cover with us?

yes  no

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

What is your current employment status?

Employed

Self employed

Company Director

Unemployed or retired

Are you currently off work or working reduced hours due to sickness or injury?

yes  no

Do you have a second occupation?

yes  no

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

Does your occupation require you to drive (other than commuting to and from work)?

yes  no

If yes, what is your annual business miles per annum? \_\_\_\_\_

## ► 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?

- |  |                          |     |                          |    |
|--|--------------------------|-----|--------------------------|----|
| Martial arts or combat sports  | <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 |
| Kitesurfing  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Horse riding ( <i>other than private hacking</i> )   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Outdoor rock climbing/mountaineering   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Motor sports   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Aviation of any kind   | <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 |
| Do you currently take part in rugby or do you intend to do so? <i>By this we mean playing and or training to play rugby. You do not need to disclose coaching or refereeing activities.</i>  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Do you participate in any sport in a semi-professional or professional capacity? <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?

- |   |                          |     |                          |    |
|---|--------------------------|-----|--------------------------|----|
| Diabetes  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any disorder of the heart, arteries or veins. Including but not limited to heart attacks, angina, heart defects from birth or heart surgery   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any disease or disorder of the neurological system including multiple sclerosis (MS), paralysis, Parkinson's disease, or epilepsy   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Stroke, transient ischaemic attack (TIA) or brain injury  | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any mental health issue which has required a specialist, psychiatric or hospital referral, or inpatient stay<br><i>If yes, please tell us the details in the mental health additional disclosure section on page 11</i> | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any joint replacement or resurfacing, or multiple surgery to the same joint   | <input type="checkbox"/> | yes | <input type="checkbox"/> | no |
| Any form of cancer or a brain or spinal tumour/cyst   | <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 |



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  yes  no  
*If yes, please tell us the details in the back and neck pain additional disclosure section on page 13*

Any form of arthritis, joint pain, gout or anything else affecting your bones, joints, ligaments, tendons or muscles  yes  no  
*If yes, please tell us the details in the musculoskeletal additional disclosure section on page 14*

Anxiety, depression, stress or any other mental health issues (including but not limited to work stress, low mood, depression).  yes  no  
*If yes, please tell us the details in the mental health additional disclosure section on page 11*

Insomnia, persistent tiredness or fatigue including chronic fatigue syndrome and ME  yes  no

Raised blood pressure or cholesterol readings  yes  no

Chest pain or irregular heartbeat  yes  no

Numbness, pins and needles, balance problems, dizziness or difficulty with co-ordination or walking  yes  no

Any disorder of the ears, including but not limited to impaired hearing, tinnitus, Meniere's disease or labyrinthitis  yes  no

Impaired vision, including but not limited to blurred or double vision  yes  no  
*You do not need to tell us about impaired vision which is fully corrected with glasses or lenses*

Asthma, bronchitis or any other lung or breathing problems  yes  no  
*You do not need to tell us about: common colds or flu, or one-off chest infections that you have fully recovered from*

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  yes  no

An abnormal cervical smear or any other gynaecological disorder that has required regular follow up  yes  no

Any lump, cyst, growth or polyp. Or, a mole or freckle that has bled or changed in appearance  yes  no

Had, or been advised to have any medical investigations (e.g. blood tests, MRI/CT/ultrasound scans, x-rays, ECG or other heart tests)  yes  no  
*You do not need to tell us about tests in association with uncomplicated pregnancy*

Attended a hospital or other clinic as an inpatient or outpatient, or awaiting such a referral?  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

## ► 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?  
*You do not need to tell us about uncomplicated pregnancy reviews or fertility treatment*

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?

Bowel cancer

yes  no

Breast or ovarian cancer

yes  no

Heart disease or stroke

yes  no

Multiple sclerosis

yes  no

Diabetes

yes  no

Cardiomyopathy

yes  no

Polycystic kidney disease

yes  no

Polyposis coli/familial adenomatous polyposis (FAP)

yes  no

Alzheimer's disease

yes  no

Haemochromatosis

yes  no

Huntington's disease

yes  no

Motor neurone 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

## ▶ Family history - continued

Muscular dystrophy

yes  no

Parkinson's disease

yes  no

Any other type of cancer

yes  no

## ▶ 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 occupation 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** \_\_\_\_\_

## ► Mental health questionnaire

What are the exact symptoms you suffered?

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Has a diagnosis been made?

yes  no

*If yes, please provide details including what the diagnosis was, when it was diagnosed and what type of doctor diagnosed it?*

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Please list all the dates when you have suffered from symptoms

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Have you received any treatment? (e.g medication or inpatient care)

yes  no

*If yes, please provide details including all past & present treatment and dates*

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Have you been referred to a specialist or consultant?

yes  no

*If yes, please provide details including what type of doctor you saw, when this was and if you remain under follow-up*

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Are investigations planned?

yes  no

*If yes, please provide details*

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Have you ever been off work with this condition?

yes  no

*If yes, please provide full details including all dates and the duration of time off*

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Does your condition have any effect on your daily life or ability to do your job?

yes  no

*If yes, please provide details*

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Have you ever thought about or attempted to harm yourself or take your own life?

yes  no

*If yes, please provide details including when this was*

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## ► Back or neck pain additional disclosure questionnaire

Please complete the following questions:

Was your back or neck pain related to any of the following: Spinal Fracture, Rheumatoid Arthritis, Psoriatic Arthritis, Cancer, Ankylosing Spondylitis, Spinal Curvature, Osteoporosis?  yes  no

*If yes, please provide details below*

---

Are you undergoing or awaiting any hospital referrals, tests, investigations (or results of these) or surgery? You do not need to tell us about physiotherapy or similar treatment  yes  no

*If yes, please provide details below*

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Have you undergone surgery due to your back or neck pain?  yes  no

*If yes, please provide details below*

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Please confirm how many separate episodes of this condition you have experienced

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When did you last have any treatment or therapy in relation to this condition?

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Please confirm how many days off work you have taken due to this condition, and when you took the time off

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Have you taken any medication for this condition?  yes  no

*If yes, please provide details below*

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When did you last have any symptoms?

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How long did the symptoms last?

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Have you made a full and complete recovery with no residual symptoms whatsoever?  yes  no

*If no, please provide details below*

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## ► Musculoskeletal additional disclosure questionnaire

Please complete the following questions:

What is the exact diagnosis or cause of your condition if known?

e.g. a medical condition such as rheumatoid or psoriatic arthritis or gout; accident or injury; wear and tear; other cause

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Does the problem affect one joint or area only? Please confirm full details of where you are affected and your symptoms if more than one joint or area is affected. Please confirm left or right side where appropriate

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Are you undergoing or awaiting any hospital referrals, tests, investigations (or results of these) or surgery? You do not need to tell us about physiotherapy or similar treatment  yes  no

*If yes, please provide details below*

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Have you had any surgery in relation to your problem?  yes  no

*If yes, please provide details below including, the type of procedure(s) and date(s)*

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Have you undergone any treatment in relation to this condition?  yes  no

*If yes, please provide details below*

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On how many separate occasions have you experienced symptoms?

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Are your symptoms made worse by your occupation?  yes  no

*If yes, please provide details below*

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When did you last receive any form of treatment or therapy in relation to this?

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How long did the symptoms last?

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When did you last have any symptoms?

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Have you made a full and complete recovery with no residual symptoms whatsoever?

yes

no

*If no, please provide details below*

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How many days off work have you taken in total due to this condition?

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## ► Medical history questionnaire

What is the name of the medical condition, illness or injury that you have had or currently have?  
(If appropriate please provide details of the organ or limb involved, e.g left/right arm).

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Please provide a full description of your medical condition illness or injury:

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When did you first have symptoms?

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How often do you have symptoms and when did you last have symptoms?

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Have you received any treatment for this?

yes

no

*If yes, when was this, what treatment did you have and are you still receiving this treatment?*

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Have any medical tests been carried out either by your GP or a hospital?

yes

no

*If yes, what were these tests, when were they carried out and what were the results?*

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Are any further medical tests planned?

yes

no

*If yes, please provide details*

---

Have you been off work with this condition?

yes

no

*If yes, please provide full details including all dates and the duration of time off work.*

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Does this condition affect your day to day activities or ability to do your job?

yes

no

*If yes, please provide details.*

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▶ **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.