

## Data Capture Form for online submission

### INCOME ONE PLUS & PURE PROTECTION PLUS



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 3 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.



## Important note - delegated underwriting

If you answer 'yes' to any of the questions in this form relating to your client's occupation or their health or medical history, the online application journey will ask dynamic questions based on their responses.

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 5 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

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

2nd Monthly benefit required £ \_\_\_\_\_

2nd 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 (available on Income One Plus only)

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

## ► 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?

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

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

## ► Residency/overseas travel

During the last 5 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 3 years?

yes  no

## ► Sports, hobbies

In the last 5 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

yes  no

Scuba diving

yes  no

Skiing or snowboarding

yes  no

Kitesurfing

yes  no

Horse riding *(other than private hacking)*

yes  no

Outdoor rock climbing/mountaineering

yes  no

Motor sports

yes  no

Aviation of any kind

yes  no

Mountain biking *(other than along flat paths)*

yes  no

Do you currently take part in rugby or do you intend to do so? *By this we mean playing and or training to play rugby. You do not need to disclose coaching or refereeing activities.*

yes  no

Do you participate in any sport in a semi-professional or professional capacity?

*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*

yes  no

## ► Previous applications

Do you currently have cover with us or have you previously applied for cover with us?  
By 'us' we mean *The Exeter, Exeter Family Friendly or Pioneer*

yes  no

## ► Occupation details

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? \_\_\_\_\_

## ► Past medical history

Have you ever had any of the following?

Diabetes

yes  no

Any disorder of the heart, arteries or veins. Including but not limited to heart attacks, angina, heart defects from birth or heart surgery

yes  no

Any disease or disorder of the neurological system including multiple sclerosis (MS), paralysis, Parkinson's disease, or epilepsy

yes  no

Stroke, transient ischaemic attack (TIA) or brain injury

yes  no

Any mental health issue which has required a specialist, psychiatric or hospital referral, or inpatient stay

yes  no

Any joint replacement or resurfacing, or multiple surgery to the same joint

yes  no

Any form of cancer or a brain or spinal tumour/cyst

yes  no

HIV, hepatitis B, C or D, or are you awaiting the results of such a test

yes  no

## ► Recent medical history - last 5 years

Apart from anything you have already told us about, in the last 5 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

Any form of arthritis, joint pain, gout or anything else affecting your bones, joints, ligaments, tendons or muscles

yes  no

Anxiety, depression, stress or any other mental health issues (including but not limited to work stress, low mood, depression)

yes  no

## ► Recent medical history - continued

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  
*You do not need to tell us about impaired vision which is fully corrected with glasses or lenses*

yes  no

Asthma, bronchitis or any other lung or breathing problems  
*You do not need to tell us about: common colds or flu, or one-off chest infections that you have fully recovered from*

yes  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

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)  
*You do not need to tell us about tests in association with uncomplicated pregnancy*

yes  no

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

yes  no

## ► Recent medical history - last 2 years

Apart from anything that you have already told us about, in the last 2 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

Tested positive for coronavirus (COVID-19)?

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	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Breast or ovarian cancer	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Heart disease or stroke	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Multiple sclerosis	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Diabetes	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Cardiomyopathy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Polycystic kidney disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Polyposis coli/familial adenomatous polyposis (FAP)	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Alzheimer's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Haemochromatosis	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Huntington's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Motor neurone disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Muscular dystrophy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Parkinson's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Any other hereditary disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	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, it may also lead to us not only declining any claim you make, but also to cancelling 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 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 'sensitive 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 your financial adviser and any reinsurers or other insurers you have applied to and given consent to.



## ► Summary of the Access to Medical Reports Act 1988

The provisions noted in the Act above became effective from 1st January 1989 and before we can apply for a medical report from your doctor we not only need your consent but must offer you the right to see the report before it is sent to us. There are a number of rights under this act of which you should be aware and these are set out below as follows:

- You may withhold your consent
- You have the right to see the report before it is sent to us provided that you apply to the doctor within 21 days. If you choose not to see the report at this stage, you may ask the doctor for a copy within 6 months of it being sent to us. The doctor may charge you a fee for supplying the report
- You can ask the doctor to amend any part of the report which you consider to be incorrect or misleading and if the doctor does not agree you may append your comments
- The doctor can withhold part or all the report from you if he has reasons why he thinks you should not see it.

The medical report your doctor fills in 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
- 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) disease

- 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
- 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, urinalyses (tests on urine) x-rays or other investigations
- Any blood pressure readings
- Any history of disease among your parents or brothers or sisters that you have told the doctor about.

If we require more information from your GP, we won't ask them to reveal any information about:

- Negative test for HIV, hepatitis B or C
- Any sexually transmitted disease unless there could be long-term effects on your health
- 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:

- Setting premiums at standard rates
- Increasing premiums above standard rates
- Imposing exclusion clauses
- Refusing to provide insurance.

**Note:** If you have any questions about your rights under the Act or questions relating to the process of getting, accessing or storing medical information, please write to the Chief Medical Officer at:  
The Exeter, Lakeside House, Emperor Way, Exeter EX1 3FD.

## ► 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 have read and understood the Important Information and my rights under the Access to Medical Reports Act 1988 and consent to The Exeter obtaining and processing my information in line with them
- 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.

### **d. I do/do not require to see any report before it is issued** (Please delete as appropriate).

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

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

Originator's Identification Number

930420

Reference Number (For Exeter official use only)

## ▶ Instruction to your bank or building society to pay by direct debit

Please fill in the whole form using a ball point pen and send it to:  
The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

Name and full postal address of your bank/building society

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Bank/Building Society Account Number

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Branch Sort Code

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Your instruction to the Bank or Building Society

Please pay Exeter Friendly Society Ltd (EFS) Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain with EFS and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

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Signature \_\_\_\_\_

Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

This guarantee should be detached and retained by the payer



## ▶ The Direct Debit Guarantee

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit Exeter Friendly Society Ltd (EFS) will notify you 12 working days in advance of your account being debited or as otherwise agreed. If you request EFS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by EFS or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when EFS asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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

## Contact us

**Members:**

Enquiries: 0300 123 3201

Claims: 0300 123 3200

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.