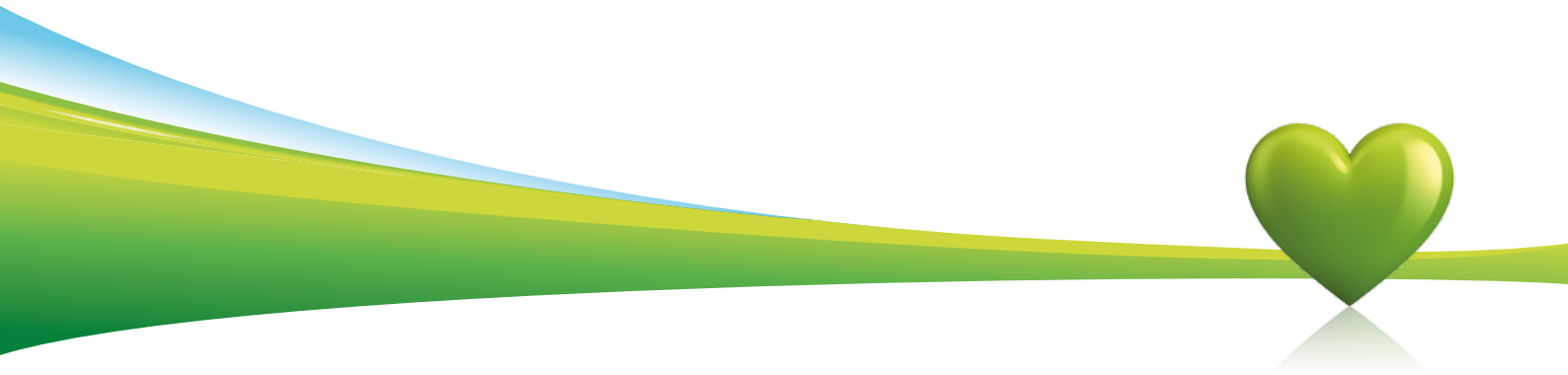
Family Income Assurance

Application Form



Important information

Please bear in mind that we'll share the information you give us in this application form with the other people involved in this application. Please be aware that we may not pay a claim and could cancel the plan if you do not answer the questions in this application form truthfully and accurately.

Data protection notice

Your financial adviser may use information provided in this application form to process your application and to manage your plan. The information may be kept electronically or on, paper file for as long as the application is being considered, while the plan is active and for an appropriate period after that.

Help us to help you…

We aim to process your application as quickly as possible. However, to avoid unnecessary delay please make sure you read the Important Information shown below:

- Fully complete all sections in clear BLOCK CAPITALS and in black ink.
- Read, sign and date the Declaration and complete the Direct Debit in section E if you're paying monthly or if you're applying for inflation-linked cover.

If you are applying for this plan with someone else you will both become the planholders even if you are not the person or people insured.

Where there are two planholders, all correspondence will be addressed to both of you and sent to the address shown for the first planholder. Medical correspondence will always be sent to the relevant person insured.

Throughout this form 'applicant' means the person or people applying for the insurance. 'Person or people insured' means the person or people you are insuring. If you are applying to insure your own life you need to complete all relevant sections.

Quotation reference: (if known) ☐☐☐☐☐☐☐☐☐☐

Contents

You must complete **sections A** and **C** and read the notes and sign the declaration in **section D**. If completing **section B**, please indicate this by placing a tick (✔) in the appropriate box.

Section E must always be completed if you're paying premiums monthly, or if you're applying for inflation linked cover.

Section A – Cover Required

Level

(cover and premiums remain constant throughout the term)

Amount of cover £ _____ a year Plan term _____ years or terminating age _____

Inflation-linked

(cover and premiums automatically increase each year in line with the Retail Prices Index (RPI))

Amount of cover £ _____ a year Plan term _____ years or terminating age _____

Plan start date

If your application is accepted on normal terms, do you wish your plan to start immediately?
(See important notes section D) ☐ Yes ☐ No

If 'no', when would you like your plan to start / / (DD/MM/YYYY)

Is Waiver of Premium required? ☐ Yes ☐ No

Have you had advice from a financial adviser on this product? ☐ Yes ☐ No

Section B – Details of the person or people applying for this plan

This section should be completed only if the applicant(s) is/are different from the person or people being insured.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately.

1st applicant	**2nd applicant (if applicable)**
Title Mr/Mrs/Miss/Ms/Dr/Other	Title Mr/Mrs/Miss/Ms/Dr/Other
First Name(s)	First Name(s)
Surname	Surname
House number or name	House number or name
Address line 1	Address line 1
Address line 2	Address line 2
Town/city	Town/city
Postcode	Postcode
Country	Country
1st applicant - insurable interest in the people being insured (reason you would lose out financially) for example spouse, partner, financial relationship, business cover	**2nd applicant** - insurable interest in the people being insured (reason you would lose out financially) for example spouse, partner, financial relationship, business cover

	1st applicant	**2nd applicant (if applicable)**
Do you have any existing Life, Critical Illness, Personal Sick Pay, or Income Protection cover with LV= or Liverpool Victoria?	☐ Yes ☐ No	☐ Yes ☐ No
Please supply your existing policy number(s) if known.		
Are you an existing member of Liverpool Victoria Friendly Society Limited?	☐ Yes ☐ No	☐ Yes ☐ No
Have you any prospect or intention of living outside the UK?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please give full details, including the proposed country of residence, how long you intend to live there and the month and year you intend to return to the UK.

1st applicant

2nd applicant (if applicable)

Section C – Personal details of the person or people being insured

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately.

1st person insured

Title Mr/Mrs/Miss/Ms/Dr/Other

First name(s)

Surname

Marital Status

☐ Married ☐ Civil partner ☐ Single
☐ Widowed ☐ Divorced/dissolution
☐ Separated

Maiden name (if applicable)

Date of birth / / (DD/MM/YYYY)

Gender ☐ Male ☐ Female

Telephone number (including area code)

Day

Evening

Email address

2nd person insured (if applicable)

Title Mr/Mrs/Miss/Ms/Dr/Other

First name(s)

Surname

Marital Status

☐ Married ☐ Civil partner ☐ Single
☐ Widowed ☐ Divorced/dissolution
☐ Separated

Maiden name (if applicable)

Date of birth / / (DD/MM/YYYY)

Gender ☐ Male ☐ Female

Telephone number (including area code)

Day

Evening

Email address

By giving you an email address, above I agree to you contacting me by email with information about other products and services.

House number or name

Address line 1

Address line 2

Town/city

Postcode

Country

House number or name

Address line 1

Address line 2

Town/city

Postcode

Country

	1st person insured	2nd person insured (if applicable)
Do you have any existing Life, Critical Illness, Personal Sick Pay or Income Protection cover with LV= or Liverpool Victoria?	☐ Yes ☐ No	☐ Yes ☐ No
Please supply your existing plan numbers (if known)		
How much cover do you have with LV= or Liverpool Victoria?	£	£
Will you be cancelling any of these covers? Life If 'yes' please tick the relevant box(es)	☐ Yes ☐ No	☐ Yes ☐ No
Are you an existing member of Liverpool Victoria Friendly Society Limited?	☐ Yes ☐ No	☐ Yes ☐ No
Have you any prospect or intention of living outside the UK?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please give full details, including the proposed country of residence, how long you intend to live there and the month and year you intend to return to the UK.

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
What is your height?	☐ ft ☐ ins or ☐ cms	☐ ft ☐ ins or ☐ cms
What is your weight?	☐ st ☐ lbs or ☐ kgs	☐ st ☐ lbs or ☐ kgs
What is your typical consumption of alcohol a week? 1 glass of wine (175ml) = 2 units, 1 pint of standard lager/beer = 2 units, 1 measure spirits (25ml) = 1 unit	☐ units a week	☐ units a week
Have you smoked or used any tobacco or nicotine products in the last 12 months? **Note: If you answer 'no' to this question, you may be asked to undergo a test to verify your answer.**	☐ Yes ☐ No	☐ Yes ☐ No

	1st person insured	2nd person insured (if applicable)
For the following tobacco products, please state your typical consumption a day.	☐ Cigarettes ☐ Cigars Pipe tobacco ☐ ounces or ☐ grams	☐ Cigarettes ☐ Cigars Pipe tobacco ☐ ounces or ☐ grams
Including this application, will the total amount of cover on your life exceed £1m life protection? (You can ignore cover that is being cancelled or multiple applications where only one will proceed)	☐ Yes ☐ No	☐ Yes ☐ No

If 'no' go to the next section (occupation details on page 8). If 'yes' please give details of your current cover in the table below, and answer the following questions:

1st or 2nd person insured	Name of company	Type of policy	Amount of cover/term	Reason for cover	Is this cover being cancelled and/or replaced?

	1st person insured	2nd person insured (if applicable)
Please state your current annual taxable income (if applicable this can include bonuses, regular commission and the value of any benefits)	£	£
Please give details of the number and age of dependents and their relationship to you.		

	1st person insured	2nd person insured (if applicable)
Occupation details		
What is your occupation?		
Is your occupation admin/clerical and 100% office based?	☐ Yes ☐ No	☐ Yes ☐ No
Does your job involve any manual work (for example: carrying, lifting, working with machinery or tools or working at heights or underground)?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please give full details relating to your occupation including a description of your duties and percentage of time spent on each activity.

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
If your job involves driving (other than commuting to and from work) what is your annual business mileage?	☐ miles	☐ miles
Do you have more than one occupation?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please provide details.

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
Does your job involve the following: armed forces (including reservists/territorial army), heights over 12 metres, overseas travel, oil/gas industry (offshore), aviation with flying duties, fishing, explosives, underwater work?	☐ Yes ☐ No	☐ Yes ☐ No

If you have answered 'yes' to the above question, please provide full details below. If your job involves overseas travel please give full details of the countries, regions and cities you will visit, duration of stay, how many trips you make, and your duties while you are overseas.

1st person insured

2nd person insured (if applicable)

Lifestyle and leisure pursuits of the person or people being insured

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately.

	1st person insured	2nd person insured (if applicable)
Do you have any intention of going abroad for longer than 30 days?	☐ Yes ☐ No	☐ Yes ☐ No
If 'yes' will you only travel to Europe, North America, Australia, New Zealand, Singapore, Hong Kong, Japan, United Arab Emirates or China?	☐ Yes ☐ No	☐ Yes ☐ No

If 'no' please give full details of the countries, regions and cities you will visit, duration of stay, how many trips you make, and the reasons for the trip(s).

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
Within the last 5 years have you lived or frequently travelled to an area which has a high incidence of HIV infection?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please give full details of countries visited, dates, duration and any future plans

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
Do you intend to take part in any physical hobby or sport (for example motor sport, mountaineering, diving or aviation)?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please give full details

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
Do you ride a motorbike, scooter or moped on the road?	☐ Yes ☐ No	☐ Yes ☐ No

If you answered 'yes', please provide details

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
Have you been banned from driving or convicted of dangerous or careless driving in the last 5 years? (You do not need to tell us about: Speeding offences that did not result in a ban, or any spent convictions)	☐ Yes ☐ No	☐ Yes ☐ No

If you answered 'yes', please provide details

1st person insured

2nd person insured (if applicable)

Medical details of the person or people being insured

Genetic test results

- For this application we do not need to know about any genetic test result subject to the total amount of cover being £500,000 or less (to work this out take your annual amount of cover and multiply it by your plan term - for example if your annual cover was £20,000 and your plan term was 20 years, your total cover would be £400,000).
- Above these limits, you may need to tell us about certain genetic test results. We will only be interested in genetic test results where the Government's Genetics and Insurance Committee has approved them for insurers to use. If you think this may apply to you, please ask us for details of the current position.
- In all cases you must tell us if you are experiencing symptoms of, or having treatment for a genetic condition.
- However, for a genetic condition present in the immediate family, it will be worthwhile to tell us of a negative test for the same condition.
- Details of the Association of British Insurer's Code of Practice in relation to genetic testing and insurance are available on request.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately. If any of the following questions are answered 'yes', you will need to complete the additional medical questions on pages 16 to 19.

	1st person insured		2nd person insured (if applicable)	
1a) Have you ever tested **positive** for HIV, Hepatitis B or C?	☐ Yes	☐ No	☐ Yes	☐ No
1b) Have you ever used recreational drugs (e.g. cannabis, cocaine, heroin)	☐ Yes	☐ No	☐ Yes	☐ No

2) Do you currently have or have you ever had any of the following:

2a) Diabetes or sugar in the urine?	☐ Yes	☐ No	☐ Yes	☐ No
2b) Heart condition including heart attack, angina, heart valve disorder or heart enlargement?	☐ Yes	☐ No	☐ Yes	☐ No
2c) A vascular or circulatory condition including stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or narrowing or obstruction in the arteries?	☐ Yes	☐ No	☐ Yes	☐ No
2d) Cancer, tumour, leukaemia, Hodgkin's disease or lymphoma?	☐ Yes	☐ No	☐ Yes	☐ No
2e) Any condition of the central nervous system (the brain, spinal cord and nerves) including multiple sclerosis, optic neuritis, Parkinson's disease, paralysis, Alzheimer's disease, dementia or cerebral palsy?	☐ Yes	☐ No	☐ Yes	☐ No
2f) Mental health issue that has resulted in referral to a psychiatrist, required hospital treatment or any episode of suicide attempt, suicidal thoughts or self harm?	☐ Yes	☐ No	☐ Yes	☐ No

	1st person insured	2nd person insured (if applicable)
3) In the last 5 years have you had any of the following: (This is regardless of whether or not you have seen your doctor or required treatment.)		
3a) Raised blood pressure, raised cholesterol, chest pain or irregular heart beat?	☐ Yes ☐ No	☐ Yes ☐ No
3b) A mole or freckle that has bled, become painful, changed appearance or any lump or growth?	☐ Yes ☐ No	☐ Yes ☐ No
3c) Asthma, bronchitis or any other respiratory condition?	☐ Yes ☐ No	☐ Yes ☐ No
3d) Any joint, bone or muscle pain, fracture, gout or arthritis?	☐ Yes ☐ No	☐ Yes ☐ No
3e) Any back or neck condition, including pain, sciatica or whiplash?	☐ Yes ☐ No	☐ Yes ☐ No
3f) Mental health issue including depression, anxiety, stress, nervous breakdown, insomnia, or eating disorders?	☐ Yes ☐ No	☐ Yes ☐ No
3g) Chronic Fatigue Syndrome (CFS), ME, or fibromyalgia?	☐ Yes ☐ No	☐ Yes ☐ No
3h) Any digestive, liver, stomach, pancreas or bowel condition including ulcer, hepatitis, colitis or Crohn's disease?	☐ Yes ☐ No	☐ Yes ☐ No
3i) Kidney, bladder or urinary condition including blood or protein in the urine and urinary tract infection?	☐ Yes ☐ No	☐ Yes ☐ No
3j) Seizure, fits, epilepsy, fainting, dizziness, tremor, blackouts, facial pain or migraines?	☐ Yes ☐ No	☐ Yes ☐ No
3k) Numbness, change in skin sensation, lack of coordination, difficulty walking or temporary loss of muscle power?	☐ Yes ☐ No	☐ Yes ☐ No
3l) Any eye condition including eye pain, blurred or double vision? (Sight problems corrected by glasses or contact lenses can be ignored.)	☐ Yes ☐ No	☐ Yes ☐ No
3m) Any ear, hearing or balance condition?	☐ Yes ☐ No	☐ Yes ☐ No
3n) Any cervical smear or other gynaecological condition needing treatment, investigation or advice?	☐ Yes ☐ No	☐ Yes ☐ No
3o) Prostate enlargement or abnormalities?	☐ Yes ☐ No	☐ Yes ☐ No
3p) Blood disorder or anaemia?	☐ Yes ☐ No	☐ Yes ☐ No

	1st person insured	2nd person insured (if applicable)
4a) In the last 5 years have you had any medical attention at a hospital or required any investigations, scans or tests (including blood tests), in connection with any medical condition which you haven't told us about already in this application form?	☐ Yes ☐ No	☐ Yes ☐ No
4b) Do you have another medical condition, which you haven't told us about already in this application, for which you are taking prescribed drugs, medicines, tablets or any other treatment? (Please ignore contraceptives, HRT, hayfever treatments, cold/ flu remedies)	☐ Yes ☐ No	☐ Yes ☐ No
4c) Are you awaiting the results of, or have you been advised to have, any medical investigations, tests or scans or have you any expectation of seeking medical advice or treatment in the near future?	☐ Yes ☐ No	☐ Yes ☐ No
5) Have you ever been advised to reduce or stop drinking alcohol for a medical or health reason which you haven't told us about already in this application form?	☐ Yes ☐ No	☐ Yes ☐ No
6) In the last 5 years have you drunk more than 30 units of alcohol a week on a regular basis? 1 glass of wine (175ml) = 2 units, 1 pint of standard lager/ beer = 2 units, 1 measure spirits (25ml) = 1 unit	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please provide full details

1st person insured

2nd person insured (if applicable)

	1st person insured	2nd person insured (if applicable)
7) Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury?	☐ Yes ☐ No	☐ Yes ☐ No

If 'yes' please provide full details

1st person insured

2nd person insured (if applicable)

Family history of the person or people being insured

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately.

	1st person insured	2nd person insured (if applicable)
Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following hereditary disorders before the age of 60?	☐ Yes ☐ No	☐ Yes ☐ No

	1st or 2nd person insured?	Relation	Age at onset	Current age or age at death
a) Heart disease, including heart attack, angina, by-pass or heart enlargement/cardiomyopathy? (please circle which condition was diagnosed)				
b) Stroke?				
c) Diabetes?				
d) Cancer? (please state the area affected)				
e) Multiple Sclerosis?				
f) Huntington's disease?				
g) Polycystic kidney disease?				
h) Polyposis of the colon?				
i) Motor neurone disease?				
j) Parkinson's disease?				
k) Alzheimers disease?				
l) Other hereditary disorders?				

Doctor/clinic details of the person or people being insured

You should not assume that we will write to your doctor for a report, although we may do so.

1st person insured

Name of doctor/clinic

Building number or name

Address line 1

Address line 2

Town/city

Postcode

Country

Telephone number (including area code)

2nd person insured (if applicable)

Name of doctor/clinic

Building number or name

Address line 1

Address line 2

Town/city

Postcode

Country

Telephone number (including area code)

Telephone appointment for the person or people being insured

We may need to contact you by telephone to gather some additional information. Please select the most convenient time and telephone number for us to call you. Every effort will be made to contact you during the selected time period.

1st person insured

Time ☐ 9am - 12 noon ☐ 12 noon - 6pm ☐ 6pm - 9pm

Telephone number

2nd person insured (if applicable)

Time ☐ 9am - 12 noon ☐ 12 noon - 6pm ☐ 6pm - 9pm

Telephone number

Do you know of any dates in the near future when you will be unavailable for a telephone appointment?
If 'Yes', please provide details below

1st person insured

2nd applicant (if applicable)

Details of specific medical condition 1

This page is provided so that you can give us further information about any medical conditions that you have disclosed in pages 11-13. Please complete a separate page for each medical condition. The additional medical questions are designed to help answer questions asked by our underwriting rules system for the conditions you have disclosed. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example arthritis – right knee; breast cyst)

To which person insured does the following information apply? ☐ **1st person insured** ☐ **2nd person insured**

Which question do the following answers relate to on pages 11-13?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? ☐ Yes ☐ No

If no, how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? ☐ Yes ☐ No

If 'yes', please provide full details.

Are you currently having treatment, for example medication, specialist appointments? ☐ Yes ☐ No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? ☐ Yes ☐ No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? ☐ Yes ☐ No

If 'yes', how many times? when?

Are you awaiting any investigations, operation or the results of tests or investigations? ☐ Yes ☐ No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? ☐ Yes ☐ No

Are you fully recovered? ☐ Yes ☐ No

Details of specific medical condition 2

This page is provided so that you can give us further information about any medical conditions that you have disclosed in pages 11-13. Please complete a separate page for each medical condition. The additional medical questions are designed to help answer questions asked by our underwriting rules system for the conditions you have disclosed. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example arthritis – right knee; breast cyst)

To which person insured does the following information apply? ☐ **1st person insured** ☐ **2nd person insured**

Which question do the following answers relate to on pages 11-13?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? ☐ Yes ☐ No

If no, how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? ☐ Yes ☐ No

If 'yes', please provide full details.

Are you currently having treatment, for example medication, specialist appointments? ☐ Yes ☐ No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? ☐ Yes ☐ No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? ☐ Yes ☐ No

If 'yes', how many times? when?

Are you awaiting any investigations, operation or the results of tests or investigations? ☐ Yes ☐ No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? ☐ Yes ☐ No

Are you fully recovered? ☐ Yes ☐ No

Details of specific medical condition 3

This page is provided so that you can give us further information about any medical conditions that you have disclosed in pages 11-13. Please complete a separate page for each medical condition. The additional medical questions are designed to help answer questions asked by our underwriting rules system for the conditions you have disclosed. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example arthritis – right knee; breast cyst)

To which person insured does the following information apply? ☐ **1st person insured** ☐ **2nd person insured**

Which question do the following answers relate to on pages 11-13?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? ☐ Yes ☐ No

If no, how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? ☐ Yes ☐ No

If 'yes', please provide full details.

Are you currently having treatment, for example medication, specialist appointments? ☐ Yes ☐ No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? ☐ Yes ☐ No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? ☐ Yes ☐ No

If 'yes', how many times? when?

Are you awaiting any investigations, operation or the results of tests or investigations? ☐ Yes ☐ No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? ☐ Yes ☐ No

Are you fully recovered? ☐ Yes ☐ No

Details of specific medical condition 4

This page is provided so that you can give us further information about any medical conditions that you have disclosed in pages 11-13. Please complete a separate page for each medical condition. The additional medical questions are designed to help answer questions asked by our underwriting rules system for the conditions you have disclosed. Detailed answers to these questions may help to speed up the processing of your application.

Please be aware that we may not pay a claim and could cancel the plan if you do not answer the following questions truthfully and accurately. (Please be as specific as possible, if relevant please give specific details of the limb/part of the body involved. For example arthritis – right knee; breast cyst)

To which person insured does the following information apply? ☐ **1st person insured** ☐ **2nd person insured**

Which question do the following answers relate to on pages 11-13?

What condition has been diagnosed?

When did this condition first occur? / (MM/YYYY)

When did you last have symptoms? / (MM/YYYY)

Have symptoms been continuous? ☐ Yes ☐ No

If no, how many episodes have you suffered?

Please confirm what symptoms you are suffering or have suffered and the severity

Have you been told that this condition is due to another medical condition? ☐ Yes ☐ No

If 'yes', please provide full details.

Are you currently having treatment, for example medication, specialist appointments? ☐ Yes ☐ No

If 'yes', please confirm the type of treatment being received and the frequency

If you have had previous treatment, please confirm the type and the frequency

Have you had any tests or investigations? ☐ Yes ☐ No

If 'yes', what were they?

What were the results?

Have you been admitted to hospital with this condition? ☐ Yes ☐ No

If 'yes', how many times? when?

Are you awaiting any investigations, operation or the results of tests or investigations? ☐ Yes ☐ No

If 'yes', please provide details.

How much time off work have you taken in relation to this condition and when was this?

If you've had time off work, have you now fully returned to work? ☐ Yes ☐ No

Are you fully recovered? ☐ Yes ☐ No

Section D

Important notes

The plan won't start until we've 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 to you. Also after we've processed your application we may have to 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're waiting for reports which we've asked for. If we ask you to come for a medical examination, we'll need to share the application information with another company we've 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 reinsurers 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 your plan. 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're 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've consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 (AMRA). Your rights under the act are as follows. You don't need to give your permission, but if you don't, we may not be able to go ahead with your application. This doesn't 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'll tell the doctor to keep the report for 21 days so that you can arrange to see it. If you haven't 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 think that any part of the report is not correct or is misleading, you may ask the doctor to change it. If your doctor refuses to make the changes, you may ask them to attach a statement outlining your views, which will then accompany the report. Your doctor can withhold access to the report if they feel that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health.
  - any care, medication or treatment you're currently receiving.
  - the results of referrals or tests you're 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've told your doctor about.

We've 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: LV=, Pynes Hill House, Rydon Lane, Exeter EX2 5SP

You should not assume that we'll write to your doctor for a report, although we may do so. Please ensure that you answer all the questions truthfully and accurately.

You MUST tell us of any changes in your health, occupation duties or other information provided in this application which take place before the plan you've applied for starts. For example you must tell us if you've had any medical consultations, advice, treatment, or investigations, or if you've changed job, or the main duties that you carry out as part of your job have changed. If you don't tell us, we may not pay a claim, and could cancel your plan.

Please be aware that we may not pay a claim, and could cancel your plan if you do not answer all of the questions in this application truthfully and accurately.

Whilst the vast majority of our customers are honest we do have to protect ourselves (and all of our customers) against the effect of fraudulent claims. As part of our ongoing quality control process we continually monitor all completed applications to help ensure that the information provided is correct, and that people haven't deliberately provided us with false or misleading information.

We do this by reviewing a random sample of applications to ensure that the plans were correctly underwritten by us, and that we have received all of the information we asked for during the application process. If your application is selected, we will write to your general practitioner (GP) to ask for a medical report. We'll use this Declaration you sign to authorise us to contact your GP. The important notes in this application explain your rights under the Access to Medical Reports Act 1988 (AMRA).

Declaration

- I agree to Liverpool Victoria Friendly Society Limited (LV=) asking any doctor I have consulted about my physical or mental health to provide medical information so LV= may assess my application. LV= may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I have applied for. I authorise those asked to provide medical information when they see a copy of this consent form. This declaration allows LV= to gather medical reports within six months of the start of the plan, or after my death, to support any claim made on the plan proceeds.
- This information can also be used to maintain management information for business analysis. By signing this declaration I am allowing LV= to process my application using the information that I have given. LV= may also use this information to process any claims made on the plan I have applied for.
- I am aware that all the people involved in this application must sign this declaration. For the person or people insured, they must also sign the summary of any interviews that may be required for the purposes of underwriting the plan applied for.
- I wish to enter into a contract for the plan noted in this application on LV= normal terms and conditions. I hereby declare that my answers in this application are true and complete and that I haven't knowingly withheld or concealed any information that LV= has asked for. I'm aware that if I have then my plan could be cancelled and that LV= may not pay a claim. I acknowledge that any plan which LV= may issue to me is based on the information in this application, the answers in my medical report(s), if any, and this declaration.
- I will tell LV= immediately of any changes in my health, occupational duties or other information provided to LV= that happen before the plan I have applied for starts. I am aware that LV= must be told about these changes, and if I don't tell LV= about them, I'm aware that my plan may be cancelled, and that a claim may not be paid.
- To the best of my knowledge and belief all the statements made, which includes anything I may have said, have been recorded accurately in this application or are attached in a sealed private and confidential envelope, and are true and complete. (Please tick if you have attached a private and confidential envelope).
- I agree that LV= can use any sensitive information provided by me or on my behalf, such as health and medical information, to process my application, for business analysis purposes and for the ongoing management of my plan. This information may be passed on to:
- my GP
- any medical practitioner and/or health care professional acting for LV=
- reinsurers or any other insurer I've applied and given consent to
- my financial adviser
- any trustee or assignee of the plan (where the plan is assigned or placed in trust)
- any associated company of LV=
- I agree to LV= accepting medical reports faxed or emailed directly to LV= from my doctor's surgery. I also do not object to copies of the report being faxed or emailed to any of those parties to whom LV= may disclose personal data, as stated above, at their request.
- In the event of a claim I am aware that my names, dates of birth and post code will be provided to the Association of British Insurers (ABI) Health Claims database which has been set up to deter/prevent fraud.
- LV= may use information given to make searches about me at credit reference agencies and other organisations that hold my information (such as from the electoral roll) to check my identity. The agencies and other organisations may keep records of these searches, even if my application doesn't go ahead. LV= may use scoring methods to check my identity and may ask me for supporting documents.

- I confirm that I am a UK resident (excluding Channel Islands and Isle of Man).
- I may be contacted by telephone, post or other electronic methods.
- LV= may use information provided to process my application and manage my plan. The information may be kept electronically or on paper file for as long as the application is being considered, while the plan is active and for an appropriate length of time after that.
- LV= will keep my information and add it their customer databases even if my application doesn't go ahead. LV= may use it to keep their records up to date, for business analysis and market research. LV= won't include me in direct marketing campaigns, but LV= may pass my details to other carefully selected organisations, but only for the purposes listed here. Subject to the payment of a fee, if you'd like LV= to send you a copy of the personal information we hold about you, please write to: CCA Department, LV=, County Gates, Bournemouth, BH1 2NF. For more information about the LV= group of companies please go to www.LV.com.
- If false or inaccurate information is provided and fraud is identified, details will be passed to fraud prevention agencies to prevent fraud and money laundering.
- Further details explaining how the information held by fraud prevention agencies may be used can be obtained by writing to Group Financial Crime, LV=, County Gates, Bournemouth BH1 2NF.

	1st person insured	**2nd person insured (if applicable)**
I want to see the medical report before it is sent to LV=	☐ Yes ☐ No	☐ Yes ☐ No
I agree to allow copies of the medical report to be faxed or emailed	☐ Yes ☐ No	☐ Yes ☐ No
I confirm that I have read the important notes and declaration and information relating to my rights under the Access to Medical Reports Act	☐ Yes ☐ No	☐ Yes ☐ No

I am aware that by signing below I agree to be bound by this Declaration.

1st person insured
signature

Date / / (DD/MM/YYYY)

2nd person insured (if applicable)
signature

Date / / (DD/MM/YYYY)

1st applicant if different from Person Insured
signature

Date / / (DD/MM/YYYY)

2nd applicant (if applicable) if different from person insured signature

Date / / (DD/MM/YYYY)

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The Direct Debit Guarantee to be retained by the applicant(s)

- 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 LV= will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request LV= 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 LV= 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 LV= 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.

Section E

Direct Debit is a simple method of payment and is required in all cases if you're paying monthly, or if you're applying for inflation-linked cover. The instruction conforms to the strict requirements of the clearing banks and you are fully protected by the safeguards under the Direct Debit guarantee. We will give you advance notice of the payments and details of the guarantee once we have assessed and accepted your application. **The Direct Debit instruction below should be completed but not detached**.

Instruction to your Bank or Building Society to pay by Direct Debits

Please fill in the whole form and send it to: LV=, Pynes Hill House, Rydon Lane, Exeter, EX2 5SP. **Please ensure you complete all details**

1. Name and full postal address of your Bank or Building Society

To: The Manager

Bank or Building Society

Address

Postcode

2. Name(s) of account holder(s)

3. Branch sort code (from the top right hand corner of your cheque)

– –

Service user number 9 9 0 2 6 2

4. Bank or Building Society account No.

5. For completion by LV=

6. Instruction to your Bank or Building Society

Please pay Liverpool Victoria Friendly Society Limited 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 Liverpool Victoria Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature ✘

Date ✘

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

This page is intentionally blank - your financial adviser will complete their details on the next page.

For financial adviser use only

For paper applications

Address for applications

LV=, Pynes Hill House, Rydon Lane, Exeter EX2 5SP.

Please tick the relevant boxes.

☐ All relevant sections filled in?

☐ Is a trust form included?

☐ Has the declaration been signed?

☐ Have you provided your agency details?

☐ Have the doctor's details been fully completed?

☐ Have you attached the relevant illustration?

Commission options (please tick your preferred option)

☐ Full initial commission (☐ indemnified ☐ non-indemnified) and renewal commission

☐ Initial commission sacrifice of: (☐ indemnified ☐ non-indemnified)

☐ Nil commission

Source code

financial adviser stamp and/or agency no.

You can get this and other documents from us in Braille or large print by contacting us.

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