

Application for late entry

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



Scheme details

1. Scheme name

2. Cover type:

Group Income Protection Scheme Number

Group Life Scheme Number(s)

Group Dependants Scheme Number(s)

3. Reason for completing this form

Applying to join Group Income Protection scheme more than 12 months after first eligible

Applying to join Group Life / Dependants scheme more than 12 months after first eligible, where the total cover amount is greater than £250,000 and below FCL.

4. Member details

If you have not already provided this information, please complete this section. If you prefer, you may provide these details under separate cover.

Member's full name

Date of birth

Marital status

	Group Income Protection	Group Life
Date of joining scheme	<input type="text"/>	<input type="text"/>
Scheme-defined salary	<input type="text"/>	<input type="text"/>
Membership category	<input type="text"/>	<input type="text"/>

Note to financial adviser / employer / trustee:

- a) Please do not have this form completed where the scheme free cover level is to be exceeded.
- b) If the benefit exceeds free cover level please have scheme member's application form UP3D completed.
- c) If none of the reasons (detailed in point 3 above) for completing this form apply, please do not use this form.
- d) Please do not use this form for Critical Illness cover.

Important information for the member

- **We ask you to complete this application carefully.** It is the basis of our agreement to consider cover that is not automatically granted by your scheme membership. Please answer all our questions in **BLACK INK**, writing in **BLOCK CAPITALS**.
- If you are in any doubt about the need to tell us something, please do tell us as it is better to tell us a fact that turns out not to be relevant to the risk than to miss out something that later causes a problem.
- You need to tell us about changes. If something you have told us changes before the cover is in place, we expect you to write in to update us.
- If at any time after you have submitted this application we find you have given us incomplete or false information, Unum may change the underwriting decision, refuse a claim or withdraw the cover.

Member details

1. Surname	<input type="text"/>			
2. Title (please tick one of these boxes or state another title)	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>
	Other	<input type="text"/>		
3. Forename(s)	<input type="text"/>			
4. Date of birth	<input type="text"/>	5. Gender	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Medical details

1. Are you fit for work today?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If No, please wait until you are fit for work before completing the form.		
2. Have you:		
a) been absent from work for a continuous period of more than 6 weeks in the last 12 months due to sickness or accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b) been absent from work for more than 1 of the last 4 weeks due to sickness or accident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
c) been admitted as a hospital or clinic in-patient in the last 12 months or are you waiting to be admitted?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
d) had any type of surgery, taken steroid tablets or received chemotherapy or radiotherapy in the last 12 months or are you waiting for such treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
e) received counselling or psychotherapy in the last 3 months or are you waiting for such treatment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3. Do you have an appointment or have you been referred to see your GP, a hospital doctor or any other healthcare specialist because you have had signs or symptoms of illness but you do not yet know the cause of them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered Yes to any part of question 2 or question 3, please go on to complete Scheme Member's Application Form UP3D (available from your adviser / employer / trustee).

If you do not need to complete form UP3D, please read, sign and date the following declarations.

Please read these notes carefully - they outline your statutory rights concerning the processing and use of information relating to your application.

How we shall process information relating to you

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

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

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

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

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

Your declarations and consents

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

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

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

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

I consent to Unum confirming the underwriting decision to the policyholder and to the policyholder's financial advisers.

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

Your signature Date
Your full name