

# Data Capture Form

For adviser use only

## Instructions for use

This Data Capture form is an adviser support tool only for the purpose of recording your clients' information in order to complete our online application. It is designed to capture the basic responses from your client, which will then need to be submitted using British Friendly online application journey. This document does not replace our online application and will not be accepted if it is submitted. For more details about our products visit [advisers.britishfriendly.com](https://advisers.britishfriendly.com) or contact our Sales Team at **01234 358344** or by e-mail at [sales@britishfriendly.com](mailto:sales@britishfriendly.com) or for presales enquiries you can e-mail [presales@britishfriendly.com](mailto:presales@britishfriendly.com) or call **01234 358344**.

### To apply for a policy your client must:

- Have been resident in the UK for a least 2 years
- Have been registered with a UK General Practitioner (GP) for the last 2 years
- Have a UK Bank or Building society account

## Important Information

Please answer all questions in this application form to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer fully and accurately, it is likely that a claim may not be paid and your policy may be amended or cancelled.

For Income Protection cover you are not required to tell British Friendly about any predictive genetic test result you may have had. However, if you have a genetic condition in your family and you have been tested for this and it has come back negative it may be worthwhile letting British Friendly know.

If there are any changes to your health or other circumstances prior to your policy starting please inform us immediately. These include a change in occupation, earnings, employment status, travel or residence, the taking up of hazardous activities, a change in your own health or that of your father, mother, and/or siblings and changes to your alcohol consumption and/or smoking habits.

British Friendly may need to obtain medical reports from a doctor to process your application. If you are applying through our online application or nurse telephone interview we will collect the following details during this application:

- Consent to request a medical report
- GP details

You can choose not to consent, but British Friendly may not be able to proceed with your application.

British Friendly reserves the right to apply special terms which may lead to exclusions, a higher premium or we may be unable to offer you cover.

Please note that no cover is effective until your policy starts. We recommend that any existing cover is not cancelled until this policy starts and you are satisfied that it meets your needs.

1.

## Protect Policies only

British Friendly will only cover you for benefit payments up to 65% of annual taxable income in the 12 months prior to your incapacity. In the event of a claim you will be asked to provide evidence of your income in the 12 months immediately prior to your incapacity. Failure to provide such evidence could result in your claim not being paid.

**I confirm I have read the above statements.**

☐ Yes

**I confirm I shall answer the following questions honestly and correctly.**

☐ Yes

British Friendly Society uses your personal information to confirm that you are eligible for your chosen product, to process your application, to administer your policy if your application is successful and to prevent fraud. Full details of how we use your personal information are set out in our Privacy Policy which you can view at <https://members.britishfriendly.com/privacy-policy/>.

**Do you confirm that you have read and understood how we will hold and use your information?**

☐ Yes

☐ No

## Personal details

<b>Title</b>	
<b>First name</b>	
<b>Last name</b>	
<b>Gender</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female
<b>Date of birth</b> <i>You must be between the ages of 18 and 59 to apply.</i>	DD/MM/YYYY
<b>Address</b>	
<b>Postcode</b>	
<b>Telephone number</b>	Mobile: Work number: Home number:
<b>Email address</b>	

2.

## Your quote details

<b>What premium option?</b>	<input type="checkbox"/> Level Guaranteed	<input type="checkbox"/> Guaranteed age costed
<b>What claim duration (years)</b>	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 5 <input type="checkbox"/> Until policy ends	
<b>Your personal taxable income</b>  <i>Employed income</i> Your personal income from your employment before tax. It's made up of your gross annual earnings and any P11D benefits (known as 'benefits in kind').  <i>Self-Employed income</i> Your personal income from your business before tax. It's made up of your gross annual earnings from your business, less any amount allowable as expenses against income tax. In other words, it's your annual share of pre-tax profits from your occupation or occupations.  <i>Income from company dividends</i> This includes taxable income you receive from your business in the form of company dividends. This can include company dividends paid to your spouse/partner subject to certain terms (as set out in the policy terms and conditions).  Please do not include any income from savings or investments.	£	
<b>Required monthly benefit</b>  <i>For Protect policies only:</i> British Friendly will cover you up to a maximum of 65% of the first £60,000 of your gross annual taxable income and then 45% on anything above this up to a maximum of £100,000. Benefit must be between £216 and £4,750 per month.  <i>For Breathing Space policies only:</i> Can select benefit levels of between £541 and £1,250 per month.	£	
<b>Your age when the policy should end</b> This can be any age between 50 and 70 subject to a minimum policy term of 5 years.		
<b>Deferred period</b>  Day 1 cover is only available on age-costed guaranteed premiums until retirement	<input type="checkbox"/> Day one <input type="checkbox"/> 4 weeks <input type="checkbox"/> 13 weeks <input type="checkbox"/> 52 weeks <input type="checkbox"/> 1 week <input type="checkbox"/> 8 weeks <input type="checkbox"/> 26 weeks	

3.

<p><i>(Protect long term cover)</i></p> <p><i>Week 1 cover is only available on our age costed guaranteed premium products, Protect and Breathing Space.</i></p>	
<p><b>Should the cover selected increase in line with RPI?</b></p> <p><i>RPI increases are not available on Breathing Space.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Would you like to add Fracture Cover (additional cost)?</b></p> <p><i>Fracture Cover is an optional benefit that can be added alongside your Income Protection policy for an additional cost. It may not be available through a comparison site. It is designed to pay a cash lump sum (amount dependent on type of injury) if you suffer one of the specific bone fractures covered. Please read the terms and conditions for full details.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Would you like to add Children's Critical Illness Cover (additional cost)?</b></p> <p><i>Children's Critical Illness Cover is an optional benefit that can be added alongside your Income Protection policy for an additional cost. It may not be available through a comparison site. It is designed to pay a cash lump sum if your child is diagnosed with one of the listed critical illness conditions. Please read the terms and conditions for full details.</i></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>If you are unable to work will you continue to receive any income?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Eligibility

<p><b>Are you a resident in the UK and have you been so for the last 2 years?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Are you registered with a UK General Practitioner (GP) and have been for the last 2 years?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>Do you have a UK Bank or Building society account?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

4.

Occupation and Earnings	
What is your main occupation?	
What is your employment status for your main occupation?	<input type="checkbox"/> Employed <input type="checkbox"/> Company director <input type="checkbox"/> Self-employed <input type="checkbox"/> In Partnership
<b>How much did you personally earn last year?</b> Your income could be any of the following:  <i><b>Employed income</b></i> Your personal income from your employment before tax. It's made up of your gross annual earnings and any P11D benefits (known as 'benefits in kind').  <i><b>Self-Employed income</b></i> Your personal income from your business before tax. It's made up of your gross annual earnings from your business, less any amount allowable as expenses against income tax. In other words, it's your annual share of pre-tax profits from your occupation or occupations.  <i><b>Income from company dividends</b></i> This includes taxable income you receive from your business in the form of company dividends. This can include company dividends paid to your spouse/ partner subject to certain terms (as set out in the policy terms and conditions).  Please do not include any income from savings or investments.	£
In the event of a claim are you able to provide evidence of your stated earnings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently off work, working reduced hours or working restricted duties due to sickness or injury?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Does your job involve any of the following duties or working arrangements?</b> Please select all that apply.	<input type="checkbox"/> Working outside at heights of 40 feet or above <input type="checkbox"/> Driving as part of your duties <input type="checkbox"/> Merchant Marine <input type="checkbox"/> Oil or natural gas <input type="checkbox"/> Fishing <input type="checkbox"/> Flying <input type="checkbox"/> None of these

<p><b>Does your job involve any manual work, such as carrying, lifting, working with machinery or tools, or at heights or underground?</b></p> <p><i>If you have answered yes, during your occupation, what percentage of your time is spent doing manual work?</i></p>	<input type="checkbox"/> Yes          _____ %	<input type="checkbox"/> No
<p><b>Do you have existing income protection plans with us or any other insurance company?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p><b>If yes, who is the cover with and for how much?</b></p> <p><b>Will the existing plan be cancelled upon this application commencing?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	

<h2 style="color: #003366; margin: 0;">Travel</h2>		
<p><b>In the last 5 years, other than for holidays up to 4 weeks or business trips up to 1 week, have you lived or travelled outside the UK, EU, USA, Canada, Australia or New Zealand, or do you have any plans to do so in the next 2 years?</b></p>	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>If you have answered yes, please confirm the countries travelled to, the frequency and duration of trips per year for each country</p>		

## Medical background

Please answer all questions in this form and online application journey to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer fully and accurately, it is likely that a claim may not be paid and your policy may be amended or cancelled.

<p><b>Do any of the following statements apply to you?</b></p> <ul style="list-style-type: none"> <li>▪ I have suffered from symptoms of chronic fatigue syndrome, Myalgic Encephalomyelitis (ME) or Fibromyalgia</li> <li>▪ I have suffered from cancer or malignant tumour which has been treated with radiotherapy or chemotherapy in the last 5 years, or I have a tumour that is currently present</li> <li>▪ I am currently suffering from an illness for which I am being prescribed methotrexate or immunosuppressive treatment</li> <li>▪ I have had a Stroke or mini Stroke (also known as Transient Ischaemic attack)</li> <li>▪ I have had a heart attack</li> <li>▪ I have suffered from or been diagnosed with angina or coronary heart disease</li> <li>▪ I have suffered from or been diagnosed with Multiple Sclerosis</li> <li>▪ I have been diagnosed with Parkinson's Disease</li> <li>▪ I have been diagnosed with Alzheimer's disease or dementia</li> <li>▪ I am suffering from paralysis, paraplegia or quadriplegia caused by damage to my spinal cord</li> <li>▪ I have been diagnosed with HIV or I am awaiting the results of a HIV test</li> <li>▪ I have undergone a major organ transplant</li> </ul>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<p><b>Have you ever had diabetes (apart from during pregnancy)?</b></p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<p><b>In the last 5 years, have you been referred to, or attended a specialist such as a psychiatrist or psychologist, been treated in hospital, or had a total of 4 weeks or more off work due to any mental health condition such as low mood, eating disorder, fatigue, anxiety, or depression?</b></p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>
<p><b>Are you waiting for any results, tests, referrals or investigations for any undiagnosed symptoms?</b></p>	<div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> Yes         <input type="checkbox"/> No       </div>

7.

If you have answered yes, please provide details.	
In the last 12 months have you used any tobacco products including cigarettes, cigars or nicotine replacements (includes e-cigarettes and vapes)	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what have you used? <i>Please select all that apply.</i>	<input type="checkbox"/> Cigarettes <input type="checkbox"/> Cigars <input type="checkbox"/> Nicotine replacement products
If you answered yes to using cigarettes, how many do you smoke on average per day?	
Have you smoked cigarettes or cigars in the last 5 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, when did you last smoke?	
How much alcohol do you drink in units in an average week? <i>(Examples of unit equivalents: single shot of spirit 1; alcopop 1.5; bottle of lager is 1.7; can of lager/beer/cider is 2; pint of normal strength lager / beer is 2; small glass of wine 1.5; standard glass of wine 2.1; large glass of wine 3)</i>	
Have you ever been advised to stop your drinking or cut down or been advised to take medication or have treatment or attended a support service to help reduce your intake?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you used any recreational drugs at all in the last 10 years (including, but not limited to, cannabis, ecstasy, ketamine, cocaine, heroin, methadone, amphetamines, solvents, sedatives and anabolic steroids) or used painkillers that cannot be bought over the counter and were not prescribed for you?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If you have answered yes, please provide details	
Before the age of 60 has your mum, dad, brother(s) or sister(s) suffered from: <ul style="list-style-type: none"> <li>▪ Heart attack or angina</li> <li>▪ Stroke, including Transient Ischaemic Attacks (TIAs) or brain haemorrhage</li> <li>▪ Diabetes</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

8.



<ul style="list-style-type: none"> <li>■ Bowel cancer</li> <li>■ Breast or Ovarian cancer (female applicants only)</li> <li>■ Polyposis coli (Familial colon polyps)</li> <li>■ Multiple sclerosis</li> <li>■ Huntington's disease</li> <li>■ Cardiomyopathy</li> <li>■ Polycystic kidney disease</li> <li>■ Muscular dystrophy</li> <li>■ Motor neurone disease</li> <li>■ Alzheimer's disease</li> <li>■ Parkinson's disease</li> </ul> <p><i>If yes, please state which family member and their age of diagnosis, and provide any details of any investigations or results of tests you've had for this, if relevant.</i></p>	
<b>What is your height?</b>	____ Ft ____ in Or ____ m
<b>How much do you weigh?</b> <i>If you are currently pregnant, please tell us your weight immediately prior to your pregnancy.</i>	____ St ____ lbs Or ____ kgs

## Your physical wellbeing

Please answer all questions in this form and online application journey to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer fully and accurately, it is likely that a claim may not be paid and your policy may be amended or cancelled.

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 14 to 23.

Have you ever had any of the following?	
Any form of cancer, cancer in situ, leukaemia, lymphoma, Hodgkin's disease, melanoma or a cyst, growth or tumour of the brain or spine	<input type="checkbox"/> Yes <input type="checkbox"/> No
A procedure or surgery on your heart or arteries, cardiomyopathy, heart valve defect, heart enlargement or heart failure or any other heart condition	<input type="checkbox"/> Yes <input type="checkbox"/> No
Peripheral vascular disease, calf pain or any disease or disorder of the aorta or arteries	<input type="checkbox"/> Yes <input type="checkbox"/> No
A brain haemorrhage, cerebral aneurysm or any damage or surgery to your brain	<input type="checkbox"/> Yes <input type="checkbox"/> No

Optic neuritis, epilepsy or fits, motor neurone disease, muscular dystrophy, cerebral palsy, or any other neurological disease	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Pre-diabetes, impaired glucose tolerance, raised blood sugar or sugar in your urine	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A positive Hepatitis B or C test, or are you awaiting the results of a test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Rheumatoid arthritis or ankylosing spondylitis	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Apart from anything you've already told us about, in the last 5 years (whether or not you've seen a doctor), have you had any of the following?</b>		
Back or neck pain including sciatica, slipped disc, whiplash, trapped nerves or muscular back pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any joint or muscle pain, any type of arthritis, gout, or anything else affecting your bones, joints, muscles, limbs, ligaments or tendons, including carpal tunnel syndrome, repetitive strain injuries or fractures	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A growth, lump, cyst or polyp, or a mole or freckle that has changed in size, appearance, itched or become painful	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Raised blood pressure or raised cholesterol	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Heart murmur, irregular heartbeat, palpitations or chest pain	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any condition affecting your blood or blood vessels e.g. anaemia, or other blood disorder, blood clot, deep vein thrombosis or varicose veins	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Any symptoms of asthma, bronchitis, chronic obstructive pulmonary disease (COPD), sleep apnoea, recurrent chest infections or any other condition affecting your lungs or breathing. <i>You don't need to tell us about common colds or flu, or one-off chest infections that you have fully recovered from.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Crohn's disease, colitis, inflammatory bowel disease, IBS, coeliac disease, stomach ulcers, Barrett's oesophagus, hernia or anything else that affects your stomach, bowel or digestive system	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Apart from anything you've already told us about, in the last 5 years (whether or not you've seen a doctor), have you had any of the following?	
Kidney or bladder stones, recurrent urinary tract infections, blood or protein in your urine, polycystic kidney disease or anything else affecting your urinary system. <i>You don't need to tell us about a one-off urinary tract infection you've fully recovered from.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any symptoms or condition affecting your liver, pancreas or gall bladder including jaundice, fatty liver or an abnormal test or scan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any disorder of the thyroid including abnormal thyroid readings	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any episodes of fainting, blackout, numbness, tingling, facial pain, tremor, difficulty with walking or coordination, persistent tiredness or recurrent headaches or migraine	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any condition affecting your ears or hearing e.g. tinnitus, labyrinthitis, Meniere's disease, hearing loss, dizziness or balance problems	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any blurred or double vision, raised pressure in the eyes, cataracts, glaucoma, blindness or other eye problems.  <i>Any impaired vision corrected simply with glasses or lenses can be ignored.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any disease or disorder of your skin e.g. eczema, dermatitis or psoriasis, or any allergies that have prevented you from working, required prescription medication or hospital treatment	<input type="checkbox"/> Yes <input type="checkbox"/> No
Male applicants only: Prostate enlargement or raised PSA (prostate specific antigen) or any disease or disorder of the testicles	<input type="checkbox"/> Yes <input type="checkbox"/> No
Female applicants only: An abnormal cervical smear or any other gynaecological disorder that has required treatment or regular follow up	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your mental wellbeing

We're now going to ask some questions about mental health.

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 14 to 23.

Have you ever had any mental health issue which has required a specialist, psychiatric or hospital referral or inpatient stay or been diagnosed with an eating disorder? Or have you had thoughts of, or tried ending your own life or a time you self-harmed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apart from what you've already told us about, in the last 5 years have you had any mental health issue including, but not limited to, anxiety or stress, depression, low mood, work stress or insomnia, regardless of whether or not you've seen a doctor?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## Your physical and mental wellbeing

If any of the following questions are answered 'yes' you will need to complete the additional medical questions on pages 14 to 23.

Have any of these applied to you?	
I've been treated in hospital due to Coronavirus (Covid-19)	<input type="checkbox"/> Yes <input type="checkbox"/> No
I've been told I could have long Covid, or had symptoms of Covid-19 lasting more than 4 weeks	<input type="checkbox"/> Yes <input type="checkbox"/> No
Apart from anything you've already told us about, in the last 2 years have any of these applied to you?	
I've been prescribed any treatment or medication? <i>You do not need to tell us about contraception, HRT or fertility treatment.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
I've been advised to see a specialist or have tests, investigations or scans. Or I've been asked to attend a follow-up with a doctor, specialist, hospital or clinic (even if you didn't attend, or haven't attended yet). <i>You don't need to tell us about routine tests for uncomplicated pregnancy.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No

I've been off work due to illness or injury for a period of 10 or more days in a row.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>In the last 3 months, have you had any of these symptoms, even if you haven't consulted a doctor?</b>		
A mole or blemish that has bled or changed in appearance or had a lump, growth, cyst or lesion	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A change in bowel habit or bleeding from the bowel	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Unexplained weight loss	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A persistent cough that's lasted more than 3 weeks	<input type="checkbox"/> Yes	<input type="checkbox"/> No
A symptom, not mentioned elsewhere in this application, that you might go to your doctor about	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Your Sports and Hobbies</b>		
<p><b>Do you currently or do you intend to take part in any activities, sports or pastimes that are hazardous?</b> For example (but not limited to):</p> <ul style="list-style-type: none"> <li>▪ Rugby</li> <li>▪ Diving or other water sports</li> <li>▪ Caving or potholing</li> <li>▪ Aviation or parachuting/ sky diving</li> <li>▪ Martial arts</li> <li>▪ Boxing</li> <li>▪ Wrestling</li> <li>▪ Weightlifting or body building</li> <li>▪ Cycling or mountain biking</li> <li>▪ Equestrian sports</li> <li>▪ Motor sports (motor car or motor cycle)</li> <li>▪ Mountaineering or rock climbing</li> <li>▪ Winter sports e.g. skiing, or any extreme sport</li> <li>▪ Semi-professional sport</li> </ul>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you have answered yes, please provide details.		

## Details of medical condition 1

Please answer all questions in this form and online application journey to the best of your knowledge and belief, as this will help avoid any delay in processing your application. If you don't answer fully and accurately, it is likely that a claim may not be paid and your policy may be amended or cancelled.

This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 9 to 13. Please complete a separate page for each medical condition. Detailed answers to these questions may help to speed up the processing of your application.

<b>What is the name of your condition?</b>	
<b>Please give full details about your symptoms, including the nature and severity of the symptoms</b>	
<b>When did your symptoms first start?</b>	
<b>Have you been told of any underlying cause?</b> <i>If yes, please provide details.</i>	
<b>How often do you have symptoms?</b>	
<b>When were your last symptoms?</b>	
<b>How many days off work have you had in the last 5 years?</b> <i>If you have had time off work, please provide dates and durations for each period of time off work.</i>	

**Please give details of any treatment or test results**

## Details of medical condition 2

*This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 9 to 13. Please complete a separate page for each medical condition. Detailed answers to these questions may help to speed up the processing of your application.*

<b>What is the name of your condition?</b>	
<b>Please give full details about your symptoms, including the nature and severity of the symptoms</b>	
<b>When did your symptoms first start?</b>	
<b>Have you been told of any underlying cause?</b> <i>If yes, please provide details.</i>	
<b>How often do you have symptoms?</b>	
<b>When were your last symptoms?</b>	
<b>How many days off work have you had in the last 5 years?</b> <i>If you have had time off work, please provide dates and durations for each period of time off work.</i>	



**Please give details of any treatment or  
test results**

### Details of medical condition 3

*This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 9 to 13. Please complete a separate page for each medical condition. Detailed answers to these questions may help to speed up the processing of your application.*

<b>What is the name of your condition?</b>	
<b>Please give full details about your symptoms, including the nature and severity of the symptoms</b>	
<b>When did your symptoms first start?</b>	
<b>Have you been told of any underlying cause?</b> <i>If yes, please provide details.</i>	
<b>How often do you have symptoms?</b>	
<b>When were your last symptoms?</b>	
<b>How many days off work have you had in the last 5 years?</b> <i>If you have had time off work, please provide dates and durations for each period of time off work.</i>	

**Please give details of any treatment or test results**

## Details of medical condition 4

*This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 9 to 13. Please complete a separate page for each medical condition. Detailed answers to these questions may help to speed up the processing of your application.*

<b>What is the name of your condition?</b>	
<b>Please give full details about your symptoms, including the nature and severity of the symptoms</b>	
<b>When did your symptoms first start?</b>	
<b>Have you been told of any underlying cause?</b> <i>If yes, please provide details.</i>	
<b>How often do you have symptoms?</b>	
<b>When were your last symptoms?</b>	
<b>How many days off work have you had in the last 5 years?</b> <i>If you have had time off work, please provide dates and durations for each period of time off work.</i>	

**Please give details of any treatment or test results**

## Details of medical condition 5

*This page is provided so that you can give us further information about any medical conditions that you have told us about in pages 9 to 13. Please complete a separate page for each medical condition. Detailed answers to these questions may help to speed up the processing of your application.*

<b>What is the name of your condition?</b>	
<b>Please give full details about your symptoms, including the nature and severity of the symptoms</b>	
<b>When did your symptoms first start?</b>	
<b>Have you been told of any underlying cause?</b> <i>If yes, please provide details.</i>	
<b>How often do you have symptoms?</b>	
<b>When were your last symptoms?</b>	
<b>How many days off work have you had in the last 5 years?</b> <i>If you have had time off work, please provide dates and durations for each period of time off work.</i>	

**Please give details of any treatment or test results**

**23.**

## Access to medical reports

### Consent to request medical reports

British Friendly Society Limited (British Friendly) may need to request a medical report from a doctor you're currently seeing or have seen in the past to process your application. British Friendly needs your permission to request medical reports under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

You can choose not to consent, but British Friendly may not be able to proceed with your application.

### Things you need to know before you give consent

- You can ask your doctor to show you a copy of the report before it is sent to British Friendly. You'll have 21 days from when we request the report to make arrangements with your doctor to see the report. If you don't make these arrangements the report will be sent to us.
- You can ask your doctor to see a copy of the report after it's been sent to us, but you must do so within 6 months of the report being sent to us.
- If you believe that any part of the report is incorrect or misleading, you can ask your doctor to change it or, if they don't agree to making the changes you've asked for, you can request that they include a statement outlining your views which will be provided along with the report. You may also withdraw your consent for your doctor to share the report with us.
- Your doctor may refuse to let you see some or all of your report if they feel that seeing it will cause physical or mental harm to you or others, or where it may impact on the rights or interests of others. Your doctor will let you know if this is the case and, in some cases, you may need to provide them with additional consent for the report to be sent to us.

### What we'll ask your doctor

British Friendly will only ask your doctor to provide information from your medical records about your current and past health that is relevant to your application.

### British Friendly will not ask your doctor to reveal any information about:

- Negative tests for HIV, Hepatitis B or C
- Any sexually-transmitted diseases unless there could be long-term effects on your health
- Predictive genetic test results, unless there is a favourable test result that shows that you have not inherited a condition your family suffers from.

If we need to ask for more medical information, we'll let you know what we need and will ask you to sign a consent form, but only if this is needed.

### By consenting, I give British Friendly permission:

- To request medical reports from any doctor I've consulted relating to my physical or mental health and consent to the supply of those medical report(s) to British Friendly, to allow:
- Processing of my income protection policy application
- A review of the information provided during the application process once the policy is live to validate the accuracy of information
- My consent is valid for 12 months from the date of this application.



**I acknowledge that I can withdraw consent at any point by contacting British Friendly and understand that this may mean British Friendly might not be able to process my application.**

- ☐ I agree and give my consent to allow British Friendly access to my medical records
- ☐ I disagree and do not give my consent to allow British Friendly access to my medical records

You can choose not to consent, but British Friendly may not be able to proceed with your application

<b>Your full name</b>	
<b>Signature</b>	
<b>Date</b> (DD/MM/YYYY)	

**Would you like to see a copy of the medical report before it's sent to British Friendly?** (Please tick one box only).

- ☐ Yes, I'd like to see the report before it is sent to British Friendly
- ☐ No, I don't want to see the report before it's sent to British Friendly

You'll have 21 days from when British Friendly request the report to make arrangements with your doctor to see the medical report.

A copy of this consent will be sent to you when this application is submitted to British Friendly.

You can find out how we use your personal information in our Privacy Policy. If you have any questions about your rights or questions relating to the process of getting, assessing or storing medical information, please call, email or write to us.

### GP Details

Please complete this section to allow us to contact your GP if needed.

<b>Doctors name</b>	
<b>Surgery name</b>	
<b>Surgery address</b>	
<b>Surgery telephone number</b>	