BRITISH FRIENDLY
It feels good to be covered

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 or contact our Sales Team at 01234 358344 or by e-mail at **sales@britishfriendly.com** or for presales enquiries you can e-mail **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 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.

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

Document Reference: MKT000056-011
Version 2

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

Title	
First name	
Last name	
Gender	◯ Male ◯ Female
Date of birth *For Protect policies only:* *You must be between the ages of 18 and 59 to apply.* *For Breathing Space polices only:* *You must be between the ages of 18 and 64 to apply.*	DD/MM/YYYY
Address	
Postcode	
Telephone number	Mobile: Work number: Home number:
Email address	

Your quote details

What premium option?	◯ Level Guaranteed		◯ Guaranteed age costed	
What claim duration (years)	◯ 1	◯ 2	◯ 5	◯ Until policy ends
Your personal taxable income	£			

Document Reference: MKT000056-011
Version 2

Please enter your client's annual taxable income. We define annual taxable income as follows: *Employed* *Your client's gross annual earnings and P11D benefits before the deduction of income tax.* *Self-Employed / In partnership* *The taxable profits from your client's business (the amount they tell the HMRC on their tax return).* *Director / Shareholder in a Private Limited Company* *Your client's gross annual salary plus any regular dividends they have received from the company in the last 12 months. If including dividends these payments have to cease if your client is incapacitated.*	
Required monthly benefit *For Protect policies only:* *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.* *For Breathing Space polices only:* *Can select benefit levels of between £541 and £1,250 per month regardless of how much your client earns.*	£
Your age when the policy should end *This can be any age between 50 and 70 subject to a minimum policy term of 5 years.*	
Deferred period *Your client can choose from Day one (age-costed guaranteed premiums until retirement for Protect policies only), week 1 (guaranteed*	◯ Day one ◯ 4 weeks ◯ 13 weeks ◯ 52 weeks ◯ 1 week ◯ 8 weeks ◯ 26 weeks

Document Reference: MKT000056-011
Version 2

age-costed premiums only for both Protect or Breathing Space policies) or 4, 8, 13, 26 and 52 week deferred periods(all policies and premium types).		
Should the cover selected increase in line with RPI?	◯ Yes	◯ No
If you are unable to work will you continue to receive any income?	◯ Yes	◯ No

Eligibility

Are you a resident in the UK and have you been so for the last 2 years?	◯ Yes	◯ No
Are you registered with a UK General Practitioner (GP) and have been for the last 2 years?	◯ Yes	◯ No
Do you have a UK Bank or Building society account?	◯ Yes	◯ No

Occupation and Earnings

What is your main occupation?		
What is your employment status for your main occupation?	☐ Employed ☐ Self-employed	☐ Company director ☐ In Partnership
How much did you personally earn last year? *We'll need to know how much you have earned before tax (including regular overtime, commission and bonuses). If you are a Company Director, please include any dividends paid to you. If you are self-employed please include your share of net profits.*	£	
In the event of a claim are you able to provide evidence of your stated earnings?	◯ Yes	◯ No
In the last 12 months which of these have applied to you? If more than one option applies then please select the most recent or current position.	☐ You are employed and have been on furlough as a result of coronavirus ☐ Employed and have been paid through a coronavirus related Government Income Support scheme (for example The Job Support Scheme) ☐ Been made redundant as a result of coronavirus	

Document Reference: MKT000056-011
Version 2

	☐ You are self employed and have claimed on a coronavirus related Government Support Scheme ☐ Your business is currently on hold and ceased to trade as a result of coronavirus ☐ You are currently on notice or at risk of redundancy as a result of coronavirus ☐ None of these
Are you currently off work, working reduced hours or working restricted duties due to sickness or injury?	◯ Yes ◯ No
Does your job involve any of the following duties or working arrangements? *Please select all that apply.*	☐ Working outside at heights of 40 feet or above ☐ Driving as part of your duties ☐ Merchant Marine ☐ Oil or natural gas ☐ Fishing ☐ Flying ☐ None of these
Does your job involve any manual work, such as carrying, lifting, working with machinery or tools, or at heights or underground? *If you have answered yes, during your occupation, what percentage of your time is spent doing manual work?*	◯ Yes _____ % ◯ No
Do you have existing income protection plans with us or any other insurance company?	◯ Yes ◯ No
If yes, who is the cover with and for how much? **Will the existing plan be cancelled upon this application commencing?**	◯ Yes ◯ No

Travel

Other than for holidays up to 4 weeks or business trips up to 1 week, do you currently, or intend to travel outside of UK, Channel Islands, Isle of Man, EU, Andorra, Australia, Canada, Gibraltar, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA or Vatican City.	◯ Yes ◯ No

Document Reference: MKT000056-011
Version 2

If you have answered yes, please confirm the countries travelled to, the frequency and duration of trips per year for each country	
Other than for holidays up to 4 weeks or business trips up to 1 week, in the last 5 years have you lived outside of UK, Channel Islands, Isle of Man, EU, Andorra, Australia, Canada, Gibraltar, Iceland, Liechtenstein, Monaco, New Zealand, Norway, San Marino, Switzerland, USA or Vatican City.	◯ Yes ◯ No
If you have answered yes, please confirm which countries, how long you lived there and dates you lived there.	

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.

Do any of the following statements apply to you? ▪ I have suffered from symptoms of chronic fatigue syndrome, Myalgic Encephalomyelitis (ME) or Fibromyalgia ▪ 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 ▪ I am currently suffering from an illness for which I am being prescribed methotrexate or immunosuppressive treatment ▪ I have had a Stroke or mini Stroke (also known as Transient Ischaemic attack) ▪ I have had a heart attack ▪ I have suffered from or been diagnosed with angina or coronary heart disease ▪ I have suffered from or been diagnosed with Multiple Sclerosis ▪ I have been diagnosed with Parkinson's Disease ▪ I have been diagnosed with Alzheimer's disease or dementia ▪ I am suffering from paralysis, paraplegia or quadriplegia caused by damage to my spinal cord	◯ Yes ◯ No

Document Reference: MKT000056-011
Version 2

▪ I have been diagnosed with HIV or I am awaiting the results of a HIV test ▪ I have undergone a major organ transplant	
Have you ever had diabetes (apart from during pregnancy)?	◯ Yes ◯ No
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?	◯ Yes ◯ No
Are you waiting for any results, tests, referrals or investigations for any undiagnosed symptoms? *If you have answered yes, please provide details.*	◯ Yes ◯ No
In the last month, have you had a positive COVID test result or any symptoms of COVID or Long COVID including: ▪ Fatigue / Tiredness / Lethargy ▪ Shortness of breath / Chest pain ▪ Cough ▪ Joint / Muscle aches / Pain ▪ Confusion / Difficulty concentrating ▪ Palpitations / Racing heart ▪ Anxiety / Stress / Depression / Post-traumatic stress ▪ Loss or change to sense of taste or smell *If you have experienced symptoms but have received a negative COVID test result, then you do not need to answer yes to this question.*	◯ Yes ◯ No
In the last 12 months have you used any tobacco products including cigarettes, cigars or nicotine replacements (includes e-cigarettes and vapes)	◯ Yes ◯ No
If yes, what have you used? *Please select all that apply.*	☐ Cigarettes ☐ Cigars ☐ Nicotine replacement products
If you answered yes to using cigarettes, how many do you smoke on average per day?	

Document Reference: MKT000056-011
Version 2

Have you smoked cigarettes or cigars in the last 5 years?	◯ Yes ◯ No
If yes, when did you last smoke?	
How much alcohol do you drink in units in an average week? *(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)*	
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?	◯ Yes ◯ No
In the last 10 years have you used any recreational drugs such as cocaine, cannabis, steroids or any painkillers that cannot be bought over the counter and were not prescribed for you?	◯ Yes ◯ 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: ▪ Heart attack or angina ▪ Stroke, including Transient Ischaemic Attacks (TIAs) or brain haemorrhage ▪ Diabetes ▪ Bowel cancer ▪ Breast or Ovarian cancer (female applicants only) ▪ Polyposis coli (Familial colon polyps) ▪ Multiple sclerosis ▪ Huntington's disease ▪ Cardiomyopathy ▪ Polycystic kidney disease ▪ Muscular dystrophy ▪ Motor neurone disease ▪ Alzheimer's disease ▪ Parkinson's disease *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.*	◯ Yes ◯ No

Document Reference: MKT000056-011
Version 2

What is your height?	_____Ft _____in Or _____m
How much do you weigh? *If you are currently pregnant, please tell us your weight immediately prior to your pregnancy.*	_____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 25.

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	◯ Yes	◯ No
A procedure or surgery on your heart or arteries, cardiomyopathy, heart valve defect, heart enlargement or heart failure or any other heart condition	◯ Yes	◯ No
Peripheral vascular disease, calf pain or any disease or disorder of the aorta or arteries	◯ Yes	◯ No
A brain haemorrhage, cerebral aneurysm or any damage or surgery to your brain	◯ Yes	◯ No
Optic neuritis, epilepsy or fits, motor neurone disease, muscular dystrophy, cerebral palsy, or any other neurological disease	◯ Yes	◯ No
Pre-diabetes, impaired glucose tolerance, raised blood sugar or sugar in your urine	◯ Yes	◯ No
A positive Hepatitis B or C test, or are you awaiting the results of a test?	◯ Yes	◯ No
Rheumatoid arthritis or ankylosing spondylitis	◯ Yes	◯ 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?		
Back or neck pain including sciatica, slipped disc, whiplash, trapped nerves or muscular back pain	◯ Yes	◯ No

Document Reference: MKT000056-011
Version 2

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	◯ Yes	◯ No
A growth, lump, cyst or polyp, or a mole or freckle that has changed in size, appearance, itched or become painful	◯ Yes	◯ No
Raised blood pressure or raised cholesterol	◯ Yes	◯ No
Heart murmur, irregular heartbeat, palpitations or chest pain	◯ Yes	◯ No
Any condition affecting your blood or blood vessels e.g. anaemia, or other blood disorder, blood clot, deep vein thrombosis or varicose veins	◯ Yes	◯ 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. *You don't need to tell us about common colds or flu, or one-off chest infections that you have fully recovered from.*	◯ Yes	◯ 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	◯ Yes	◯ 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. *You don't need to tell us about a one-off urinary tract infection you've fully recovered from.*	◯ Yes	◯ No
Any symptoms or condition affecting your liver, pancreas or gall bladder including jaundice, fatty liver or an abnormal test or scan	◯ Yes	◯ No
Any disorder of the thyroid including abnormal thyroid readings	◯ Yes	◯ No

Document Reference: MKT000056-011
Version 2

Any episodes of fainting, blackout, numbness, tingling, facial pain, tremor, difficulty with walking or coordination, persistent tiredness or recurrent headaches or migraine	◯ Yes	◯ No
Any condition affecting your ears or hearing e.g. tinnitus, labyrinthitis, Meniere's disease, hearing loss, dizziness or balance problems	◯ Yes	◯ No
Any blurred or double vision, raised pressure in the eyes, cataracts, glaucoma, blindness or other eye problems. *Any impaired vision corrected simply with glasses or lenses can be ignored.*	◯ Yes	◯ 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	◯ Yes	◯ No
Male applicants only: Prostate enlargement or raised PSA (prostate specific antigen) or any disease or disorder of the testicles	◯ Yes	◯ No
Female applicants only: An abnormal cervical smear or any other gynaecological disorder that has required treatment or regular follow up	◯ Yes	◯ 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 25.

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?	◯ Yes	◯ 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,	◯ Yes	◯ No

Document Reference: MKT000056-011
Version 2

regardless of whether or not you've seen a doctor?	

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 25.

Have any of these applied to you?		
I've been treated in hospital due to Coronavirus (Covid-19)	◯ Yes	◯ No
I've been told I could have long Covid, or had symptoms of Covid-19 lasting more than 4 weeks	◯ Yes	◯ 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? *You do not need to tell us about contraception, HRT or fertility treatment.*	◯ Yes	◯ 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). *You don't need to tell us about negative Covid-19 tests or routine tests for uncomplicated pregnancy.*	◯ Yes	◯ No
I've been off work due to illness or injury for a period of 10 or more days in a row.	◯ Yes	◯ No
In the last 3 months, have you had any of these symptoms, even if you haven't consulted a doctor?		
A mole or blemish that has bled or changed in appearance or had a lump, growth, cyst or lesion	◯ Yes	◯ No
A change in bowel habit or bleeding from the bowel	◯ Yes	◯ No
Unexplained weight loss	◯ Yes	◯ No
A persistent cough that's lasted more than 3 weeks	◯ Yes	◯ No

Document Reference: MKT000056-011
Version 2

A symptom, not mentioned elsewhere in this application, that you might go to your doctor about	◯ Yes	◯ No

Your Sports and Hobbies

Do you currently or do you intend to take part in any activities, sports or pastimes that are hazardous? For example (but not limited to): ▪ Rugby ▪ Diving or other water sports ▪ Caving or potholing ▪ Aviation or parachuting/ sky diving ▪ Martial arts ▪ Boxing ▪ Wrestling ▪ Weightlifting or body building ▪ Cycling or mountain biking ▪ Equestrian sports ▪ Motor sports (motor car or motor cycle) ▪ Mountaineering or rock climbing ▪ Winter sports e.g. skiing, or any extreme sport	◯ Yes	◯ No
If you have answered yes, please provide details.		

Document Reference: MKT000056-011
Version 2

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 6 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.

What is the name of your condition?	
Please give full details about your symptoms, including the nature and severity of the symptoms	
When did your symptoms first start?	
Have you been told of any underlying cause? *If yes, please provide details.*	
How often do you have symptoms?	
When were your last symptoms?	

Document Reference: MKT000056-011
Version 2

How many days off work have you had in the last 5 years? *If you have had time off work, please provide dates and durations for each period of time off work.*	

Document Reference: MKT000056-011
Version 2

Please give details of any treatment or test results	

Document Reference: MKT000056-011
Version 2

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 6 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.

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

Document Reference: MKT000056-011
Version 2

Please give details of any treatment or test results	

Document Reference: MKT000056-011
Version 2

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 6 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.

What is the name of your condition?	
Please give full details about your symptoms, including the nature and severity of the symptoms	
When did your symptoms first start?	
Have you been told of any underlying cause? *If yes, please provide details.*	
How often do you have symptoms?	
When were your last symptoms?	

Document Reference: MKT000056-011
Version 2

How many days off work have you had in the last 5 years? *If you have had time off work, please provide dates and durations for each period of time off work.*	

Document Reference: MKT000056-011
Version 2

Please give details of any treatment or test results	

Document Reference: MKT000056-011
Version 2

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 6 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.

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

Document Reference: MKT000056-011
Version 2

Please give details of any treatment or test results	

Document Reference: MKT000056-011
Version 2

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 6 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.

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

Document Reference: MKT000056-011
Version 2

Please give details of any treatment or test results	

Document Reference: MKT000056-011
Version 2