

Declaration of Health

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Answering our questions and your duty to take reasonable care

- Please make sure that the information you give us is accurate and truthful, as at this point we won't necessarily contact your doctor to check. However, if later on we find that the information you've given us is inaccurate, it could mean we're unable to pay your claim.
- Where possible, please provide the answers yourself. If someone else completes this form for you, you must check their answers are accurate. Please initial any amendments you make.
- If your health or circumstances have changed (even if you didn't seek medical advice), and these changes will affect the answers you've given us on your application form, you must let us know. Please see your original application form for your answers, or ask us for a copy if you no longer have it.
- If you've paused your insurance and are now looking to restart it, please make sure you tell us about any changes that occur between completing this form and when your insurance restarts.
- We may need additional information about your health and lifestyle. This could involve us asking your doctor for a report, or we may need you to have a medical examination.
- If you're not sure whether to include any information, then please include it.

Please take care to answer our questions honestly and to the best of your knowledge. If you don't, we may not be able to pay your future claims.

Section One Personal details

Title	Surname		
First Name(s)			
Address			
Town/City		County	
Postcode		Daytime Tel. No	
Evening Tel No.		Mobile No.	
Email			
Date of Birth	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Age
Insurance No. or Application Reference No.			

Since you completed your application form, have you applied for any other insurance with any other insurance company? Yes No

If yes, please give details:

Section Two

Your job, hazardous leisure activities and lifestyle

Since you completed your application form:

a. Has there been any change in your intention to work, travel or live outside the UK?

Yes No

If yes, please tell us more below:

b. Have you continued to live in the UK?

Yes No

If no, please tell us more below:

c. Has there been any change in your job, or the activities involved in your job?

Yes No

If yes, please tell us more below:

d. How much did you earn in the last year?

If you're self-employed, this is your earnings after costs and before tax.

If you're employed, this is your earnings before tax. You can include overtime, commission and bonuses but you can't include income from investments.

e. How many hours on average do you work each week?

f. Have you become a member of the Territorial Army or Armed Forces Reservists?

Yes No

g. Have you or do you intend to take up any hazardous leisure activities?

Yes No

If yes, please tell us more below:

h. Has there been a change to your smoker status?

Yes No

We class a smoker as someone who has used any type of tobacco, nicotine replacement or vaping (nicotine or not) in last 12 months.

If yes, please tell us more below:

i. What's your current height and weight?

j. Has your weight increased or decreased by 7lbs (3kg) or more in the last 12 months?

Yes No

If yes, please tell us more below:

k. Have you been exposed to the risk of HIV infection?

Yes No

This could have been through unsafe sex, intravenous drug abuse, or blood transfusions or surgery undertaken outside the EU.

If yes, please tell us more below:

l. Do you drink more than 35 units of alcohol per week?

Yes No

If yes, please tell us what you drink and how much you consume each week.

For example, the number of pints of beer, or glasses / bottles of wine / spirits you drink:

m. Since you completed your original application form, have you been advised to reduce how much alcohol you drink, or have you had any treatment or received alcohol related counselling?

Yes No

If yes, please tell us more below:

n. Since you completed your original application form, have you used (inhaled, injected or ingested) any substance that hasn't been prescribed for you by a doctor?

Yes No

If yes, please tell us what it is, how much you've taken, how often you take it and the date you first and last took this substance.

Section Three

Your health

1. Are you currently self-isolating or in the last 30 days have you been diagnosed with coronavirus? Yes No

Please answer all of the questions in this section from the date you completed your original application (or within the previous 5 years for existing Members).

Since you completed your application form:

a. Have you become certified by a doctor as unfit for work? Yes No

b. Are you experiencing any symptoms or complaints for which you haven't consulted a doctor? Yes No

c. Are you waiting for, or been advised to seek, any medical or surgical consultation or follow-up? Yes No

If yes to any of the above, please tell us more below:

d. Have you attended any medical appointment? Yes No

e. Have you taken any test or medication? Yes No

f. Have you received any other treatment? Yes No

Please tick 'Yes' even if you're awaiting the result of any test or currently receiving any treatment. If yes to any of the above, please tell us more below:

You don't need to tell us about any of the following treatments and confirmed conditions:

Acne, athlete's foot, blisters, cold sores, common colds, conjunctivitis, contraception, ear wax or syringing, food poisoning, hemorrhoids, hay fever, infected or extracted wisdom teeth, infertility treatment, influenza, ingrowing toenails, miscarriage, sinus trouble, tonsillitis, uncomplicated pregnancy, vaccinations or vasectomy.

Please tell us your current doctor's name and address:

Data Protection Notice

Using your personal information

The Original Holloway Friendly Society (Holloway Friendly) is the Data Controller for the information collected.

Your personal information will be used by Holloway Friendly to assess your application and administer your insurance. Any lifestyle and medical information which is collected in connection with your application will be used for 'underwriting', that is to see if we can offer you insurance, what cover we can offer and how much it will cost. Our systems will not allow your application to proceed if you have certain medical conditions or you tell us that you do certain jobs where we'll be unable to offer you insurance. You have the right to challenge a decision made in this way (see your rights below).

We also use your personal information to administer your insurance and if you make a claim. We use your information to fulfil our legal and regulatory obligations and to improve our products and processes. To ensure we charge a fair price, we will ask you whether close family members have suffered from certain medical conditions. You can see more details on how we use your information including details of the legal basis for using your information in our Privacy Notice which can be viewed at <https://holloway.co.uk/docs/download/privacy-policy.pdf>

Depending on what you tell us, we may need to contact doctors you've consulted to consider your application. You don't have to give us your consent, and you may withdraw it, but without this information we may not be able to offer you insurance, or it may cost more than it otherwise would have.

If your application doesn't proceed, Holloway Friendly may hold a record of the application for up to three years. Otherwise, we'll hold the data we need for up to six years after your insurance finishes to meet our regulatory obligations and so we can deal with any queries or complaints you may subsequently have.

Which Third parties receive Your Data?

Holloway Friendly will not sell your information to another company or use it to market the products or services of other companies to you. We do share information with third parties for various reasons. More information about the third parties we share data with is contained in our Privacy Notice. Your information, including sensitive medical information, will be shared with carefully selected third parties who supply specialist services to Holloway Friendly such as our Internal Auditors, RSM and our External Auditors BDO.

Your Information and where appropriate copies of correspondence will be given to your financial adviser/ insurance intermediary to enable them to give you advice and/or fulfil their regulatory obligations. If at any time you don't want us to send your information to your financial adviser/insurance intermediary in the future, please let us know. A copy of your personal information, including sensitive medical information may be given to a reinsurance company, another company that shares the risks that people will claim under insurance policies, should we choose to reinsure part of our business.

Holloway Friendly will only disclose your personal information in accordance with Data Protection legislation, including the General Data Protection Regulation (GDPR) and will only allow third parties we appoint to send your information to countries outside the European Union when appropriate safeguards are in place. To protect Member funds, to prevent and detect fraud, we sometimes access publicly available information about claimants. These sources include social media and electoral roll data. If fraud is suspected, we may decide to pass information to fraud prevention agencies or employ covert surveillance methods. More information about our approach to preventing fraud is contained in our Privacy Notice.

Telephone calls may be monitored and recorded to help staff training, customer service and for the purposes of security and fraud prevention.

Your Rights

- **Access your information.** The details of how we use your information, for example, the purpose of the processing. The categories of information that we hold, to whom it's been disclosed and how long we'll store it for. We don't normally make a charge for supplying this information. We'll agree with you how to securely provide access to your information. This will be in writing or by electronic means, where this is possible
- **Data portability.** For some information, typically the personal information you supplied to us, you have the right to ask that we send it to a third party you've chosen. The third party will then become responsible for looking after it
- **Rectification.** We try and keep the personal information we have about you up to date and accurate. However, if it's incorrect or incomplete, you can ask us to correct it or add other information to it
- **Erasure.** This has sometimes been called 'the right to be forgotten' in the press. You can ask us to delete some of your information if you think we no longer need it for the purpose for which we collected it, or where we are only processing it with your consent and you now wish to withdraw consent. There may be reasons why we cannot delete your information e.g. if we are obliged to keep it for legal or regulatory reasons. Where this is the case we'll tell you, and indicate how long we need to keep it
- **Restriction of processing.** You can ask us to stop processing your information in certain situations e.g. if you're concerned your information is inaccurate and you want us to verify it, or you don't think we have the right or need to process it, but don't want us to delete it
- **Right not to be subject to automated decision making.** Our systems will not allow your application to proceed if you have certain medical conditions or you tell us that you do certain jobs where we'll be unable to offer you insurance. You have the right to object to automatic decisions made in this way and if you do so, one of our team will reconsider your application

If you have any queries or concerns about how we handle your information, or want to exercise your rights, please contact us at: Dataprotectionofficer@holloway.co.uk.

Our full Privacy Notice can be viewed at:

<https://holloway.co.uk/docs/download/privacy-policy.pdf>

Disclosure

Please remember, we'll consider your answers in this form and any additional information when we assess your cover. As we rely on the information you provide, you must make sure the information you provide is correct, and that you've answered each question in full and truthfully.

The Society's Memorandum, Rules and schedule relating to your application can be obtained by visiting our website: www.holloway.co.uk.

Continuing duty to disclose

You must advise us in writing if there's any change in your circumstances between completing this form and the start date of your insurance. Please advise of any changes to your:

- Health details
- Job
- Earnings
- Employment status
- Travel or residence
- Hazardous pastimes
- Alcohol consumption
- Smoking habit.

Disclosures to any of the questions, medical or otherwise are of equal importance and failure to advise us may result in a claim being rejected or not fully paid.

Access to Medical Reports Act

We may need to get information from your doctor to support or check the answers you have given in your application.

Before we can ask any doctor that you may have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988 or the Access to Personal Files and Medical Reports (Northern Ireland) Order 1991.

Your rights are as follows:

- Before we can apply for a medical report from a doctor who has cared for you, we need your agreement
- You don't have to give your consent but if you don't, we may not be able to consider your cover
- You can ask to see your report before your doctor sends it to us. In this scenario, we'll let you know when we've requested your report and we'll ask your doctor to keep it for 21 days, so you can arrange to see it. If you don't arrange to see your report within 21 days, your doctor will send your report to us
- If you don't ask to see your report before it's sent to us, you can still ask your doctor to see a copy of the report for up to six months after it's been sent to us
- You can ask your doctor to amend the report if you consider any aspect of the report to be incorrect or misleading. If your doctor refuses to make the amendments, you may add your comments to the report
- Your doctor can refuse you access to the report if they feel it would cause physical or mental harm to you or others.

The medical report that your doctor completes will ask about:

- Past and current health including relevant consultations, treatment, operations, investigations and test results that you may have undergone at any surgery, hospital or clinic, or the results of referrals or tests you're waiting for
- Any history of disease among your parents or brothers or sisters that you've told your doctor about.

The medical report will not ask 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 which shows you haven't inherited a condition your family suffers from.

Genetic Testing

You only have to tell us about any genetic tests you've had, if your application when combined with any other income protection insurance you have, is over £30,000 a year.

If it's over this limit, we may need to see certain test results (when you apply for your insurance). We'll only use genetic test results which have been approved by the Government's Genetics and Insurance Committee.

However, you must tell us if you have a family history or symptoms of a genetic condition. Additionally, it may be beneficial to tell us about any negative genetic test results you've had for such a condition.

Declaration and Consent

- I confirm that I've answered the questions in this form and any additional forms honestly and accurately. The information I've provided in response to the questions are, to the best of my knowledge and belief, true and I've taken reasonable care to make sure my answers are correct
- I'm aware that if I haven't answered the questions correctly, my insurance may be cancelled, or its terms may be changed or my claim may be rejected or not paid in full
- I understand that a copy of the Terms and Conditions and my completed application form are available upon request
- I confirm I've read and understand the Disclosure and Continuing Duty to Disclose notes in this form
- I also fully understand in the event of a claim, my limitations to benefit entitlement as stated in the Key Features Document
- I agree that a copy of this application can be treated as the original for all purposes.

Consent to Collect Information

- I am aware of my legal rights under the **Access to Medical Reports Act 1988** or **Access to Personal Files and Medical Reports (Northern Ireland) Order 1991**
- I agree that Holloway Friendly or any nominated insurance Company may ask for medical information from any doctor who at any time has attended me about anything that affects my physical or mental health
- I agree that Holloway Friendly or any nominated insurance Company may ask for information, including medical reports (about my health or lifestyle including the result of any HIV test) from any insurance office, including those, listed by me in section 4, to which a proposal has been made on my life and I authorise the giving of such information
- I agree that my consent allows the insurer to obtain a medical report within 6 months of today's date and also to support any claim that may be made on my insurance, including a death claim
- I authorise Holloway Friendly to request medical information from my registered GP Practice, using the medical evidence gathering service - Medidata Exchange Limited, trading as Medi2Data, who work on behalf of Holloway Friendly
- I confirm I don't wish to see this report before it's sent to Holloway Friendly or any nominated insurance Company

If you wish to see the report, please tick the box

- I agree that Holloway Friendly may obtain and use my personal information (including sensitive medical and lifestyle data) to see if Holloway Friendly can offer me insurance and on what terms. I agree that other organisations named in the Privacy Notice may also access my information. I understand that I can withdraw my consent at any time before being accepted for insurance by contacting Holloway Friendly
- I understand that after I've taken out insurance, Holloway Friendly will use my personal information for the purposes outlined in its Privacy Notice and that withdrawing my consent to processing at this time will not result in all processing ceasing.

I agree

Please sign and date this form here:

Signature

Date



Contact us.

We're here to help.

Address

Holloway House
71 Eastgate Street
Gloucester GL1 1PW



01452 782 760



underwriting@holloway.co.uk



holloway.co.uk

We're here

Monday - Friday 9.00am to 5.00pm

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Holloway Friendly is the trading name of The Original Holloway Friendly Society Ltd. Holloway Friendly is registered and incorporated under the Friendly Societies Act 1992, registered No.45F. Registered office: Holloway Friendly, Holloway House, 71 Eastgate Street, Gloucester, GL1 1PW. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. FRN 109986.