

# LIFESTYLE PROTECTOR PLAN



## Application Form

### POLICYHOLDER DETAILS

Title:	Forename:	Surname:
Address:		Postcode:
Tel (mobile):	Tel (home):	Tel (work):
Email:	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Occupation:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed	

### PLAN DETAILS

Accident and sickness monthly benefit (£300 to £1,500):	Waiting period: <input type="checkbox"/> 14 days <input type="checkbox"/> 30 days
Options: <input type="checkbox"/> Unemployment benefit (employed only) <input type="checkbox"/> Life cover (£10,000) <input type="checkbox"/> Critical illness cover (£10,000)	

### PAYMENT INFORMATION

Total monthly premium:	Start date:	Preferred Direct Debit date:
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## IMPORTANT INFORMATION

### Moratorium Clause - Pre-existing medical conditions:

All pre-existing medical conditions you are aware of, or in our opinion should be aware of, or for which you received treatment, are automatically excluded - unless you have been symptom free and not received treatment or advice for it, for a two year period prior to a claim.

You will be entitled to benefit under accident & sickness for backache, whiplash or related back conditions only where this is supported by radiological evidence of medical abnormality. You will not be entitled to benefit under the policy for any psychiatric illness, depression, mental or nervous disorders including stress. (Please review the policy document for the full list of exclusions under this policy).

### Declaration

I hereby apply for insurance to Covea Insurance plc and/or Covéa Life Limited, under their usual terms and conditions.

I confirm that the information supplied by me in connection with this proposal is correct to my knowledge and belief. I note that I should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me.

I have been provided with details of the procedure to follow in the event of a complaint.

Please sign and date here:

Applicant's  
signature:

Date:

## THIRD PARTY DECLARATION

Please note: This section is only to be completed if the person paying for the plan is not the policyholder

I declare that I will pay the Direct Debit for the policy in the name of \_\_\_\_\_ and this level of financial commitment is affordable now and in the future.

Should a claim arise, I understand that I am not eligible to benefit in any way from the policy.

My relationship to the customer is: \_\_\_\_\_

Account holder  
signature:

### For broker use only:

Broker's name:

Broker's signature:

Broker's agency number:

Cheque/credit card/direct debit mandate attached?:  Yes  No Amount: £

### Head Office use only:

Premium checked:  Yes  No

Actual premium: £



## DATA PRIVACY

For details on how and when Covea Insurance plc and/or Covéa Life Ltd process your personal information please visit [www.coveainsurance.co.uk/dataprotection](http://www.coveainsurance.co.uk/dataprotection). You can also find information in your Policy Booklet.

Please visit the Privacy Policy page on our website, [www.april-uk.com](http://www.april-uk.com), for further information about how and when we process your personal information.

### How We Use Your Information

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, insurance mediation, underwriting, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as providing you with information about your quote, assessing your application, managing your policy and providing other services to you
- We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records, developing, improving our products and services, and providing information about our products and services to you
- We have a legal or regulatory obligation to use such personal information
- We need to use such personal information to establish, exercise or defend our legal rights
- You have provided your consent to our use of your personal information, including special category data

### How we share your information

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the following types of third parties:

- Reinsurers, Regulators and Authorised/Statutory Bodies
- Fraud prevention agencies
- Crime prevention agencies, including the police
- Suppliers carrying out a service on our behalf
- Other insurers, business partners and agents
- Other companies within the APRIL Group

### Marketing

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

### Fraud Prevention and Detection

In order to prevent or detect fraud and money laundering we may check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

### Automated Decisions

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

### How to Contact Us

Please contact us if you have any questions about our privacy policy or the information we hold about you:

The Data Protection Officer, APRIL UK (Insurance Services) Ltd, April House, Almondsbury Business Centre, Bradley Stoke, Bristol, BS32 4QH.

april | UK

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Tel. 01454 619500 | [www.april-uk.com](http://www.april-uk.com)

APRIL UK is a trading name of APRIL UK (Insurance Services) Ltd (registered in England No 3179382), who is authorised and regulated by the Financial Conduct Authority, registered number 308655.

Both Covéa Life Limited (Registered in England No. 911235) and Covea Insurance plc (Registered in England No. 613259) have their Registered Offices at Norman Place, Reading, Berkshire RG1 8DA. Both Covea Insurance plc and Covéa Life Limited are authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. They appear on the Financial Services Register under numbers 202277 and 202178 respectively. Covéa Life Limited writes long term insurance business and Covea Insurance plc writes general insurance business. **LPBA 0518**