



**PULSE POSITIVE LIFE
TERM LIFE INSURANCE
APPLICATION FORM**

This Application Form must be returned to:

**Pulse Insurance Limited
6 Oxford Court
St James Road
Brackley
Northants
NN13 7XY**

**Tel. No. 01280 841430
Fax. No. 01280 702977
E-mail admin@pulse-insurance.co.uk**

Authorised and regulated by the Financial Conduct Authority

Coverholder at **LLOYD'S**

Underwritten by Tokio Marine Kiln Syndicates Limited for and on behalf of TMK Syndicate 308 at Lloyd's (referred to as the Insurer in this document).

Lloyd's of London are authorised and regulated by the UK Financial Conduct Authority (FCA) and the Prudential Regulation Authority (PRA) under the Financial Services and Markets Acts 2000.

Lloyd's of London, 1 Lime Street, London, EC3M 7HA, United Kingdom.

Part 1 - Instructions and Undertakings:

- 1** All sections of this proposal form **must** be completed in full in **English**.
- 2** Tokio Marine Kiln Syndicates Limited (“the Insurer”) relies on the information you have provided in this proposal form. You must take care in answering all the following questions which are relevant to the Insurers in providing this insurance and setting the terms and premium. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or it may affect any claim you make under this insurance.
- 3** You should not make any personal assessment about whether the information is relevant or not or assume that we will write to your doctor for medical information. If you are unsure if something is relevant or if you do not understand the question or the nature of the information required please seek guidance from your broker.
- 4** You must tell us if there is any change in your circumstances or health between the completion of this form and before any cover offered by the Insurer commences, you must advise the Insurer immediately. The Insurer may alter the terms quoted to you in such circumstances.
- 5** If you do not give full and accurate answers to the questions we ask, this insurance could be cancelled in the event of a claim.
- 6** This insurance is intended for applicants who have been diagnosed as HIV positive and:
 - Are aged between 25 - 59
 - Have been diagnosed for a minimum 1 Year
 - Are free of any form of Hepatitis
 - Commenced ART more than 6 months ago
 - Have never registered a CD4 count below 200
 - Whose past 3 viral loads were all below detection threshold
 - Who can provide clear evidence of regular follow up and good compliance with treatment
 - Have no related symptoms or co-morbidities (no other medical conditions)

Part 2 - Data Protection Act 1998:

The information provided on this form, together with medical and any other information obtained from you or from other parties about you in connection with this policy, will be used by the Insurer for the purposes of determining your application, the operation of insurance (which includes the process of underwriting, administration, claims management and customer concerns handling) and fraud protection and detection.

Information will be transferred to the United Kingdom and may be transferred outside the European Economic Area for these purposes.

Information may be shared by the Insurer for these purposes with group companies and third party insurers, reinsurers, insurance intermediaries and service providers. Such parties may become data controllers in respect of your personal data.

By completing and submitting this form, you consent to the processing of any personal data about you, including sensitive personal data, the transfer of such personal data about you overseas for these purposes as set out in this notice by the Insurer and any other data controllers to which the personal data are transferred or disclosed for these purposes.

Your personal data will be processed fairly and securely in accordance with the United Kingdom Data Protection Act 1998. Your personal data will only be available to those who need to see it. For example, sensitive data, such as medical records will be used for the purposes of underwriting or claim management only.

You are entitled to a copy of all your personal data upon receipt of a written request to the following address: The Group Compliance Officer, Tokio Marine Kiln Syndicates Limited, 20 Fenchurch Street, London EC3M 3BY, United Kingdom.

Part 3 - Personal Information:

Title:

First name(s):

Surname:

Home address:

Telephone number:

Home

Work

E-mail:

Date of birth: (dd/mmm/yyyy)

Gender:

Male

Female

Part 4 - Details of Cover:

Sum to be insured:

£50,000 (non-smokers) / £25,000 (smokers or users of nicotine products)

Date cover to commence:

Period of cover:

10 years

Reason for cover:

This policy has been designed specifically for individuals who have been diagnosed as having an HIV infection but are not suffering from AIDS.

Cost of cover:

Age 25 – 39	£30 Monthly
Age 40 – 49	£40 Monthly
Age 50 – 54	£50 Monthly
Age 55 – 59	£70 Monthly

Part 5 - Medical and Other Information:

1 What is your height: (ft/ins or cm)

What is your current weight: (lbs or kg)

2 Are you **currently** resident in the UK and do not usually spend more than 30 days per annum overseas.

Yes No

3 Can you confirm as follows: That you are HIV positive; Are aged between 25 – 59; Have been diagnosed for a minimum 1 Year; Are free of any form of Hepatitis; Commenced ART more than 6 months ago; Have never registered a CD4 count below 200; and Your past 3 viral loads were all below detection threshold.

Yes No

4 Have you used any form of tobacco or nicotine products in the last twelve (12) months?

Please note, sum to be insured: £50,000 (non-smokers) / £25,000 (smokers or users of tobacco or nicotine products)

Yes No

5 Do you: work in the fishing, oil or gas industries; work underwater, underground or with explosives; work above 15 metres or 50 feet out of doors for over 20% of your working time; work in the Armed Forces or armed security; or engage in flying other than as a fare paying passenger or a commercial pilot or cabin crew on scheduled flights.

Yes No

6 Do you regularly take part in any of the following activities, or do you intend to do so within the next 12 months? Motor sport; Mountaineering, outside rock climbing, caving or potholing; Parachuting, sky-diving or BASE jumping, hang gliding or paragliding; Powerboat racing or sailing more than 10 miles from a coastline; Underwater diving at depths greater than 30 metres; or Bungee jumping, canyoning, heli-skiing or white water rafting.

Yes No

7 Have you ever had any form of cancer, heart attack, angina, heart disease/defects (including heart valve defects or congenital disorders), heart operation / surgical procedure, pulse abnormality, irregular heartbeat, stroke, transient ischaemic attack or circulatory disease?

Yes No

8 Have you ever been diagnosed as having any of the following conditions: motor neurone disease, dementia, Alzheimer's or Huntington's disease, muscular dystrophy, cystic fibrosis, multiple sclerosis, Epilepsy, Diabetes, cerebral palsy, Parkinson's disease, kidney disease, chronic obstructive pulmonary disease, emphysema, or paralysis, or any neurological disorder?

Yes No

- 9 Over the past 5 years, have you received medical advice, treatment or been referred for any investigations for any of the following: Any form of blood disorder; Any disease of the immune or systematic system; Any form of liver disease, such as abnormal liver function, jaundice, cirrhosis, hepatitis or portal hypertension; Any disease of the digestive system, stomach, pancreas or bowel; or Depression, anxiety, nervous breakdown, suicide attempt or self harm requiring specialist psychiatric treatment.
- Yes No
- 10 Are you: Awaiting the results of, or due to have any medical tests, investigations, reviews or surgery; or Considering seeking medical advice for medical symptoms you are currently experiencing?
- Yes No
- 11 Have your biological parents, brothers or sisters suffered from any of the following, before the age of 65: Huntington's disease; Cardiomyopathy; Sickle cell anaemia; Marfan's syndrome; or Haemophilia.
- Yes No
- 12 During the past **12 months** have you been off work or unable to carry out your normal occupational duties at your normal place of work on account of illness, accident or injury for 10 or more consecutive days, or have you been treated as an in-patient in hospital for 5 or more consecutive days? It is **not** necessary to disclose any work absence or hospital admission which occurred solely as a result of a bone fracture.
- Yes No

**Pulse Insurance Limited is authorised and regulated by the Financial Conduct Authority
(Firm Reference No. 308626)**

**Pulse Insurance Limited, 6 Oxford Court, St. James Road, Brackley, Northants. NN13 7XY.
Registered in England No. 3492137**

Part 6 - Declaration:

I hereby declare that:

- I have read the answers to the questions in this application form and to the best of my knowledge and belief the answers, whether in my own handwriting or not, are true and complete.
- I have fully and completely given all the information requested when answering the questions in this form.
- I agree that the information provided is relevant to the acceptance and assessment of this insurance, the terms on which it is accepted and the premium charged.
- I also consent to any information the Insurer may have about me being processed by them, in accordance with the United Kingdom Data Protection Act 1998, for the purposes of providing insurance and claims handling which may necessitate them providing such information to third parties.
- I undertake to inform the Insurer of any change in my health and/or circumstances which occur before the commencement of the period of insurance. Failure to do so may affect the validity of the contract.

Signature of the Life to be Insured:

Dated:

The Insurer reserves the right to impose special conditions or refuse to accept a proposal for insurance.

If the Proposer is other than the Life to be insured, please complete below:

Full Name:

Full Company Name: (where applicable)

Address:

Relationship to the Life to be Insured:

I/We, the proposer of this Insurance, and therefore the Proposer, have read all the statements made herein and declare that to the best of my/our knowledge and belief they are true and complete.

I/we agree that the answers given in this proposal and declaration will be relied on by the insurer in setting the terms of the contract.

I/we agree that any incomplete or inaccurate information given to the questions I/we have been asked may result in the loss of cover or may affect any claim made under this insurance.

Authorised Signatory:

Dated:

Full name and position of person signing on behalf of the Proposer

The Insurer reserves the right to impose special conditions or refuse to accept a proposal for insurance.



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send it to:

Pulse Insurance Limited 6 Oxford Court St James Road Brackley NN13 7XY
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Originators Identification Number

4	1	3	5	8	8
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Reference Number

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Name(s) of Account Holder(s)

Instruction to your Bank or Building Society

Please pay Pulse Insurance Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Pulse Insurance Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Bank/Building Society account number

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Branch Sort Code

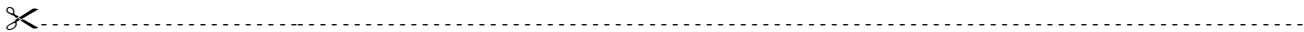
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Name and full postal address of your Bank or Building Society

To the Manager	Bank/Building Society
Address	
Postcode	

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit Instructions for some types of account



This guarantee should be detached and retained by the Payer.



The Direct Debit Guarantee

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change PULSE will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by PULSE or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.