

Group Life and Group Income Protection

Late entrant's health form

(where membership is linked to a pension scheme)

Zurich Corporate Risk

Important notes for
the policyholder

The policyholder
should read and
complete this page

Employee name	<input type="text"/>
Employee number	<input type="text"/>
Employer name	<input type="text"/>
Policy name	<input type="text"/>
Policy number	<input type="text"/>

This form should only be completed where the employee's eligibility is linked to a pension scheme where they are entering the policy between 6 and 12 months from their first opportunity to do so and their benefit is within the automatic acceptance limit. If more than 12 months have elapsed and/or their benefit exceeds the automatic acceptance limit, the employee must complete the full health and activities form instead.

Employee's date of birth	<input type="text"/>
Date of first opportunity to join the pension scheme	<input type="text"/>
Reason for late entry	<input type="text"/>
Employee's salary	<input type="text"/>
Category the employee is joining	<input type="text"/>

If the answers to the **next** three questions are 'yes', the employee can be included in the policy straight away and you should return this form to us. If any answer is 'no', the employee must complete the health questions on page three, sign and date the declaration, and return the form to us.

Is the employee currently actively at work? Yes No

Has the employee had less than 10 working days absence, in total, due to illness or injury in the previous 12 months? Yes No

Is the employee's Group Life benefit below £250,000 or for, Group Income Protection, their salary below £50,000 per annum? Yes No

Name	<input type="text"/>
Signed (on behalf of the Policyholder)	<input type="text"/>
Capacity	<input type="text"/>
Date	<input type="text"/>

The employee should read and complete the rest of this form

Important notes for the employee

Introduction

Because you did not join the pension scheme at your first opportunity, you need to provide Zurich with details of your health by answering the questions in this form. Please send the completed form to The Chief Medical Officer, at the address shown in the section headed **How to contact us**, in a sealed envelope marked "Confidential Application Questions". Completion of this form does not guarantee that your application will be accepted. Before completing the form, please read these **Important notes** and the **Declaration**.

Data Protection Act 1998

The information supplied by you will become part of the data held by Zurich (Zurich Assurance Limited is the 'Data Controller') in accordance with the provisions of the Data Protection Act 1998. We need to collect and hold personal data about you which we will keep confidential and only share, with your consent, in the ways explained in this section and the Declaration or if the law or our regulator says we have to.

Zurich protects your privacy by:

- collecting data about you fairly and only collecting data that we need
- telling you why we are collecting it and how we will be using it
- using it only for our business operations and to comply with the law
- ensuring the data we collect and hold about you is accurate
- holding it only for so long as necessary and keeping it secure
- sharing it only with companies and organisations who will keep it secure
- not sending it abroad without ensuring its security
- ensuring that you can exercise your rights under the Data Protection Act
- asking you to send this form direct to our Chief Medical Officer

The information provided on this form will be used for the operation of insurance which covers you and the employee benefit arrangements provided by your employer. This includes the processes of underwriting, administration, claims management, customer concern handling, non disclosure checks and compliance with the law or the expectations of our regulator. In order to do this the information may be shared with other insurers, re-insurers, regulated insurance intermediaries helping to administer the scheme and service providers, which may include companies outside the European Economic Area.

Your personal data will be available only to those people with a legitimate need to see it. For example, sensitive data will be used for the purposes of underwriting or claims management and will only be seen by people authorised by our Chief Medical Officer.

If there is a claim, we may need to get more data about your physical or mental health or other data needed to assess the claim and share your data with other insurers, reinsurers, medical professionals, service providers and with your employer.

Your rights under the Data Protection Act 1998 include asking for a copy of your data (the charge is currently £10) and having data that is wrong, put right. If you want more information about how we use your data or have any data protection questions please contact the Data Privacy Manager, at the address shown in the section headed **How to contact us**. In line with the Association of British Insurers' Code of Practice, we have a policy to ensure we keep your confidential personal data secure. We also comply with the Association of British Insurers' Genetics Code of Practice.

How to contact us

You can write to us at Zurich Corporate Risk, PO Box 3512, U.K. Life Centre, Station Road, Swindon, SN3 9AH or, alternatively, call us on 0800 151 3003 between Monday to Friday 8.30am to 6pm. We may record or monitor calls to improve our service.

The employee should read and complete the rest of this form

Genetic tests

The only predictive genetic test you need to tell us about is the test for Huntington's Disease for life cover of £500,000 or above. If you are unsure about what genetic information you need to tell us, please telephone the Company's Nominated Genetics Underwriter, on 0800 151 3003, or refer to the Consumer section of the Association of British Insurer's website (www.abi.org.uk/consumer2/disclosure.htm).

If you wish to tell us about a negative genetic test result, which shows that you have not inherited a genetic disorder, we will take this into account when assessing your application, provided your clinical geneticist confirms that the test result indicates a reduced risk of developing the inherited disease.

1. Personal contact details

Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Other title
Surname	<input type="text"/>
Full forename(s)	<input type="text"/>
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth	<input type="text"/>
Address	<input type="text"/>
	Postcode

2. Health and medical details

a) What is your height without shoes?	<input type="text"/> ft <input type="text"/> in <input type="text"/> cm
b) What is your weight in indoor clothes?	<input type="text"/> st <input type="text"/> lbs <input type="text"/> kgs
c) Have you consulted a doctor or a member of the medical profession for the same condition on two or more occasions in the past year? If 'YES' please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
d) Are you undergoing any form of medical treatment or investigation? If 'YES' please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>
e) Have you ever tested positive for HIV/AIDS or Hepatitis B or C or are you awaiting the results of such a test? If 'YES' please give details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text"/>

We will let you know if the answers you have provided to the above questions mean that you also need to complete a full health and activities form.

The employee should read and complete the rest of this form

Declaration

- I declare that the information and statements made in this form are to the best of my knowledge, true and complete.
- I will tell Zurich about any change to my personal health which happens before the date Zurich communicates the underwriting decision, if that change makes any of my answers wrong or incomplete. I understand that if the information or statements I have given are not true, or changes in such facts are not notified to Zurich, the cover may become void or be cancelled by Zurich, in which case no cover or other benefits will be provided.
- I agree that the information and statements in this form are part of the basis of the cover. This means that if they are not true, Zurich can cancel the cover.
- I consent to my personal data (including medical details) being used in the way described.
- I consent to Zurich, its agents, the Zurich Group, and any companies they become associated with, using my information for setting up, processing and administering my cover.
- I confirm that I have read and understood this declaration, together with the Important notes for the employee on page two of this form.

By signing this declaration I agree to all of its contents.

Signature

Date

Print name

Please contact us if you would like this in large print, braille or on audiotape or CD.

Zurich aims to create a great reputation for service innovation, exceptional people and service delivery in the Group Risk market.
Zurich Corporate Risk – always working for your business