

## Data Capture Form for online submission

### MANAGED LIFE



The quickest and most effective way to apply for Managed Life is to login at [www.the-exeter.com](http://www.the-exeter.com) with your client either with you in person or over the phone.

This Data Capture Form cannot be used to apply for a policy – it is designed to capture the basic responses from your client, which will need to be submitted online using The Exeter’s interactive application journey.

This form only captures the details of a single client. Managed Life is only sold on an individual basis but a combined application can be made online for two policies. Combined applications will receive discounted premiums. The second life will receive the same policy benefits as the first life.

# Applying for Managed Life

We invest in state-of-the-art underwriting technology to ensure that not only are our products simple to advise on, but that they're complemented by a seamless service.

Our adviser platform is an online-only application process. The rules-based application journey uses dynamic questioning, designed to gather all of the information we need immediately.

The quickest and most effective way to apply for Managed Life is to login at [www.the-exeter.com](http://www.the-exeter.com) with your client either with you in person or over the phone.

Alternatively, you can use this Data Capture Form to capture the basic responses from your client.

If you answer 'yes' to any of the questions in this form, the online application journey will ask dynamic questions based on their responses.

To help, the question sets on pages 9-10 will enable you to gather further information about your client's condition.



## Delegated underwriting

Our delegated underwriting feature enables you to delegate application questions via email for your client to complete, benefiting you in the following ways:

- Provides a quick solution if you're stuck on a question
- Removes the risk of non-disclosure from an adviser perspective
- Saves you time on keying in applications.

## ► Important notes

Please make sure the information you enter on this form is complete & accurate as it is taken into account when deciding whether to accept your application and for calculating your premium. If you do not do so, it may also lead to us not only declining any claim you make, but also to cancelling your policy.

For the same reason if after submitting the application and before the policy starts there are any changes to your health or personal circumstances (this includes a change in occupation or take up of a hazardous hobby) you should notify us immediately.

We may need to send your application and relevant medical reports to our reinsurers, or any third parties for their opinion or agreement of the terms offered. Or we may need to send them at a later stage for purposes relating to managing the policy.

Any information which you have provided or which has been provided by others on your behalf relating to your health or lifestyle is 'sensitive data' under the UK data protection legislation. The information will be held

securely and access limited to those who need to see it. This includes your GP, any other medical practitioner or health care professional acting on our behalf as well your financial adviser and any reinsurers or other insurers you have applied to and given consent to.

If you have had any predictive genetic tests to tell you whether you have inherited a disease or condition that your family suffers from, The Exeter will NOT ask your doctor and you do not need to tell us about them unless:

- You have had a test for Huntington's disease, and
- You are applying for life insurance of more than £500,000.

You must always tell us if you are having treatment for or experiencing symptoms of a genetic condition.

However, if you have had a genetic test and the results are favourable you can choose to tell us the results as we may be able to offer you better terms.

More details on the ABI Genetic Testing Code of Practice can be found on our website.

## ▶ Quote details

Title \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name(s) \_\_\_\_\_

Last Name \_\_\_\_\_

Date of birth (you must be between the ages of 18 and 80 to apply) \_\_\_\_\_

Gender  Male  Female

Occupation \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone \_\_\_\_\_

Mobile Telephone \_\_\_\_\_

Email \_\_\_\_\_

Have you smoked or used nicotine replacement products in the last 12 months?  yes  no

Sum assured (benefit) £ \_\_\_\_\_

Level or decreasing benefit?

(A level benefit will remain the same for the length of the policy, while a decreasing benefit will reduce monthly in line with an 8% mortgage repayment schedule)

Level benefit  Decreasing benefit

Policy term \_\_\_\_\_ years

(The policy term must be between 5 and 50 years and must be due to end before you reach 90 years old)

## ► Height, weight & diabetes

What is your height?

Please tell us your height without shoes

\_\_\_\_\_ feet \_\_\_\_\_ inches **or** \_\_\_\_\_ cm

What is your weight?

If you're uncertain of your current weight, please ensure you weigh yourself before answering. If you're currently pregnant, please tell us your weight immediately before your pregnancy

\_\_\_\_\_ stones \_\_\_\_\_ pounds **or** \_\_\_\_\_ kgs

Do you have type 2 diabetes?

yes  no

**If yes:**

Was your diabetes diagnosed within the last year?

yes  no

What was your last HbA1c reading?

7.0% or less (53 mmol/mol or less)

7.1% to 8% (54-64 mmol/mol)

8.1% to 9% (65-75 mmol/mol)

9.1% to 10% (76-86 mmol/mol)

more than 10% (more than 86 mmol/mol)

How do you control your diabetes?

Insulin

Medication

Diet only or other

Have you ever had diabetic kidney problems? (examples include protein in the urine or reduced renal function)

yes  no

Have you ever had diabetic eye disease?

yes  no

Have you ever had diabetic disease of the nerves (for example numbness in the feet)?

yes  no

Have you ever had gangrene, perforating ulcer or an amputation due to your diabetes?  yes  no

Have you ever suffered from a diabetic coma or been admitted to hospital due to your diabetes (other than when diagnosed)?  yes  no

Have you ever had disease or disorder of the blood vessels of the heart, brain or legs, including heart attack, stroke or TIA?  yes  no

## ▶ Lifestyle

How many of the following do you drink in a week?

*Think back over the last 3 months and consider what you would normally drink in a week*

Pints of beer or cider \_\_\_\_\_

Glasses of wine \_\_\_\_\_

Measures of spirits \_\_\_\_\_

Other alcoholic drinks \_\_\_\_\_

Have you ever been medically advised to reduce your alcohol consumption? *This includes being referred for specialist support such as to an alcohol addiction unit or Alcoholics Anonymous*  yes  no

Have you ever taken drugs that were not prescribed by a doctor? (e.g. ecstasy, cocaine, heroin, cannabis, anabolic steroids etc)  yes  no

## ▶ Residency/overseas travel

During the last 5 years, have you resided, worked or travelled outside of the UK (other than for holidays)?  yes  no

Do you intend to reside, work or travel outside of the UK in the future (other than for holidays)?  yes  no

## ▶ Sports, hobbies

In the last 5 years have you taken part in any of the following sports or hobbies, or do you intend to do so?

Scuba diving  yes  no

Outdoor rock climbing/mountaineering  yes  no

Motor sports  yes  no

Aviation of any kind  yes  no

## ▶ Previous applications

Do you currently have cover with us or have you previously applied for cover with us?  
By 'us' we mean *The Exeter, Exeter Family Friendly or Pioneer*

yes  no

## ▶ Past medical history

Have you ever had any of the following?

Type 1 diabetes

yes  no

Any disorder of the heart, arteries or veins? Including but not limited to heart attack, angina, heart defects from birth or heart surgery

yes  no

Any disease or disorder of the neurological system including but not limited to multiple sclerosis (MS), paralysis, Parkinson's disease, or epilepsy

yes  no

Stroke, transient ischaemic attack (TIA) or brain injury

yes  no

Mental illness, addiction, eating disorders, severe fatigue or nervous breakdown

yes  no

Rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis or any form of neck, back, spine or joint surgery

yes  no

Any form of cancer or a brain or spinal tumour/cyst

yes  no

HIV, hepatitis B, C or D, or are you awaiting the results of such a test

yes  no

## ▶ Recent medical history - last 5 years

Apart from anything you have already told us about, in the last 5 years (regardless of whether you've seen a doctor, required treatment or had time off work) have you had any of the following?

Raised blood pressure (whether or not you needed treatment or follow up)

yes  no

Raised cholesterol readings (whether or not you needed treatment or follow up)

yes  no

Chest pain or irregular heartbeat

yes  no

Numbness, pins and needles, balance problems, dizziness or difficulty with co-ordination or walking

yes  no

Any disorder of the ears, including but not limited to impaired hearing, tinnitus, Meniere's disease or labyrinthitis

yes  no

Impaired vision, including but not limited to blurred or double vision

yes  no

*You do not need to tell us about impaired vision which is fully corrected with glasses or lenses*

Asthma, bronchitis or any other lung or breathing problems

yes  no

*You do not need to tell us about: common colds or flu, or one-off chest infections that you have fully recovered from*

## ► Recent medical history - continued

Any stomach, digestive system or bowel disorder, including but not limited to Crohn's disease, ulcerative colitis, irritable bowel disease, hernia, and Barrett's oesophagus

yes  no

An abnormal cervical smear or any other gynaecological disorder that has required regular follow up

yes  no

Any lump, cyst, growth or polyp. Or, a mole or freckle that has bled or changed in appearance

yes  no

Had, or been advised to have any medical investigations  
(e.g. blood tests, MRI/CT/ultrasound scans, x-rays, ECG or other heart tests)  
*You do not need to tell us about tests in association with uncomplicated pregnancy*

yes  no

Attended a hospital or other clinic as an inpatient or outpatient, or awaiting such a referral?

yes  no

## ► Recent medical history - last 2 years

Apart from anything that you have already told us about, in the last 2 years have you:

Been asked to attend a follow-up or regular reviews with a GP, hospital or clinic?  
*You do not need to tell us about uncomplicated pregnancy reviews or fertility treatment*

yes  no

Been prescribed any medication or treatment (including a course of counselling)?  
*You do not need to tell us about contraception, HRT or fertility treatment*

yes  no

Are you currently experiencing any symptoms that you have not yet seen a health professional about?

yes  no

## ► Family history

Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 65?

Bowel cancer

yes  no

Breast or ovarian cancer

yes  no

Heart disease or stroke

yes  no

Multiple sclerosis

yes  no

Diabetes

yes  no

Cardiomyopathy

yes  no

Polycystic kidney disease

yes  no

Polyposis coli/familial adenomatous polyposis (FAP)

yes  no

Alzheimer's disease

yes  no

## ► Family history - continued

Haemochromatosis	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Huntington's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Motor neurone disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Muscular dystrophy	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Parkinson's disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no
Any other hereditary disease	<input type="checkbox"/>	yes	<input type="checkbox"/>	no

## ► Client declaration

### a. I understand that:

- This data capture form only includes the basic set of questions required when applying for Managed Life by The Exeter.
- If I have answered 'yes' to any of the questions in this form, my financial adviser will require more information when submitting the application using The Exeter's online application.

### b. I confirm that:

- The information given in this form has been provided truthfully and accurately.
- I have given my adviser permission to apply on my behalf using the information in this data capture form and any supplementary information required.

### c. Once the application is submitted by my adviser, I confirm that:

- I will immediately inform you if there are any changes to any answers given on the application before the policy starts.
- I am aware that the information provided during the application will form part of the legal relationship between us and if any of it is found to be incorrect it may mean that a claim is not paid or the policy(ies) is amended or cancelled.

- I agree to your sending my application and any other information which I have provided or which has been provided by others on my behalf relating to my health or lifestyle including any relevant medical reports to your reinsurers, or any third parties for their opinion or agreement of the terms offered, or subsequently for administrative or management purpose. Such third parties may include my GP, any other medical practitioner or health care professional acting on your behalf as well as my financial adviser and any reinsurers or other insurers I have applied to and given such consent to.

For your own benefit and protection you should read the policy terms and conditions before signing below and providing permission for your adviser to apply for Managed Life from The Exeter on your behalf. If you do not understand any point please ask us for further information.

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

# Notes

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## ► Condition 1

Name of condition \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Medication including dosage and frequency \_\_\_\_\_  
\_\_\_\_\_

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings  
\_\_\_\_\_  
\_\_\_\_\_

Describe your symptoms and their severity, e.g. mild, moderate, severe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted to hospital with this condition? If Yes please provide details and dates \_\_\_\_\_  
\_\_\_\_\_

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details  
\_\_\_\_\_  
\_\_\_\_\_

Are you still under review and if so how frequently? \_\_\_\_\_

## ► Condition 2

Name of condition \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Medication including dosage and frequency \_\_\_\_\_  
\_\_\_\_\_

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings  
\_\_\_\_\_  
\_\_\_\_\_

Describe your symptoms and their severity, e.g. mild, moderate, severe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted to hospital with this condition? If Yes please provide details and dates  
\_\_\_\_\_  
\_\_\_\_\_

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details  
\_\_\_\_\_  
\_\_\_\_\_

Are you still under review and if so how frequently? \_\_\_\_\_

# Notes

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## ► Condition 3

Name of condition \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Medication including dosage and frequency \_\_\_\_\_  
\_\_\_\_\_

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings  
\_\_\_\_\_  
\_\_\_\_\_

Describe your symptoms and their severity, e.g. mild, moderate, severe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted to hospital with this condition? If Yes please provide details and dates \_\_\_\_\_  
\_\_\_\_\_

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details  
\_\_\_\_\_  
\_\_\_\_\_

Are you still under review and if so how frequently? \_\_\_\_\_

## ► Condition 4

Name of condition \_\_\_\_\_ Date of diagnosis \_\_\_\_\_

Medication including dosage and frequency \_\_\_\_\_  
\_\_\_\_\_

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings  
\_\_\_\_\_  
\_\_\_\_\_

Describe your symptoms and their severity, e.g. mild, moderate, severe \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you been admitted to hospital with this condition? If Yes please provide details and dates  
\_\_\_\_\_  
\_\_\_\_\_

Does your condition limit your ability to work or carry out our normal daily activities? If Yes please provide full details  
\_\_\_\_\_  
\_\_\_\_\_

Are you still under review and if so how frequently? \_\_\_\_\_

Originator's Identification Number

930420

Reference Number (For Exeter official use only)

## ▶ 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:  
The Exeter, Lakeside House, Emperor Way, Exeter, EX1 3FD

Name and full postal address of your bank/building society

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Bank/Building Society Account Number

Branch Sort Code

Your instruction to the Bank or Building Society

Please pay Exeter Friendly Society Ltd (EFS) Direct Debits from the account detailed on this instruction, subject to the safeguards assured by the Direct Debit Guarantee.

Name(s) of Account Holder(s)

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I understand that this instruction may remain with EFS and, if so, details will be passed electronically to my Bank/Building Society.

Signature 

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Date 

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Banks and Building Societies may not accept Direct Debit instructions for some types of accounts.

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 accept instructions to pay Direct Debits.

If there are any changes to the amount, date or frequency of your Direct Debit Exeter Friendly Society Ltd (EFS) will notify you 12 working days in advance of your account being debited or as otherwise agreed. If you request EFS to collect a payment, confirmation of the amount and date will be given to you at the time of the request.

If an error is made in the payment of your Direct Debit, by EFS or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when EFS asks you to.

You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

The friendly specialists in  
income protection, life cover,  
health insurance and cash plans.

## Contact us

### **Members:**

Enquiries: 0300 123 3201

Claims: 0300 123 3200

[member@the-exeter.com](mailto:member@the-exeter.com)

### **Financial Advisers:**

Enquiries: 0300 123 3203

[adviser@the-exeter.com](mailto:adviser@the-exeter.com)

### **Opening times:**

Monday to Friday 8am – 6pm

*Calls may be recorded and monitored.*

### **Postal address:**

The Exeter, Lakeside House, Emperor Way, Exeter EX1 3FD

### **Website:**

[the-exeter.com](http://the-exeter.com)

### **The legal blurb**

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.