

# Data Capture Form - Income Protector



This form is for use by Assurant Intermediary brokers as a guide for capturing customers information only and must not be used or relied upon for any other purpose. In addition to the customer information required when completing this form we may require additional information to process policy applications on our systems. All policy applications need to be submitted through the broker zone on the Assurant Intermediary UPOS software, no paper application forms will be accepted.

	Primary Contact	Secondary Contact
First Name		
Last name		
House No / Name		
Address Line 1		
Address Line 2		
Town		
County		
Postcode		

Daytime Telephone		
Evening Telephone		

Marital Status		
Date of Birth	/ /	/ /

Employment Status		
Occupation		
Industry		

Is the applicant a permanent resident of the UK?      Yes       No       Yes       No

Name of Employer		
Address Line 1		
Address Line 2		
Town		
County		
Postcode		
Date Employment Commenced		
Gross Annual Income		
Applicants notice period with employer		
Period of funded sick pay		

Does the applicant hold more than 10% of shares in the company they work for?      Yes       No       Yes       No

Does the applicant suffer from any pre-existing medical condition for which they have received treatment in the past 24 months?

Yes	No
If answered yes, please detail the applicant name and condition details;	

Has the applicant suffered any accident or illness which has resulted in a period of absence from work of more than 14 days in the last 2 years?

Yes	No
If answered yes, please detail the applicant name and condition details;	

Does the applicant smoke or has smoked in the last 12 months?

Yes	No
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Is the policy:	<input type="checkbox"/> New policy?
	<input type="checkbox"/> Transfer policy from alternative provider?

Which type of cover do you require?	<input type="checkbox"/> Accident, Sickness & Unemployment
	<input type="checkbox"/> Accident & Sickness

Policy Start Date (Must be within 30 days) / /

Amount of Monthly Benefit? £

Accident & Sickness Term of Benefits	12 Months	24 Months
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Accident & Sickness Additional Voluntary Excess

None / 30 Days / 60 Days / 90 Days / 120 Days / 150 Days
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Unemployment Additional Voluntary Excess

None / 30 Days / 60 Days / 90 Days / 120 Days / 150 Days
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Is the applicant in a consultation period or under a formal notice period? Yes  No

Is the applicant aware of any impending unemployment? Yes  No

Does the applicant hold any other existing Payment Protection Insurance policies? Yes  No

**Initial Payment Details**

Name of Cardholder*	
Card Type*	
Card Number*	
Expiry Date (MM/YY)*	
Issue No.	
CV2 (Security code)*	
Start Date (MM/YY)	

Please note that we require card payment of one months premium from the customer when the policy is sent across to Assurant Intermediary Ltd. This will be taken within 7 days of the start date.  
Please also detail below the customers preferred day within the month for the 11 Direct Debit collections to be taken thereafter:

**Direct Debit Details**

Name on account	
Account Number	
Sort Code	

**Notes:**