

Creating an application using the Adviser portal

- Log into the Adviser portal.
- Click 'Start Quote' and complete all fields. You will receive notes in a red banner if you have missed any required data. There is an inactivity period of 20 minutes, at this point you will be redirected to the log in screen.

Quote

To provide you with a quote, we require some personal information from you and your client.

All the information we require for a quote is on this page, but additional information including medical information will be required later.

Applicant Details		
First Name *	Last Name * Test	
Gender * Female	Date of Birth * 31 07 1990	Retirement Age *
Height * 172 CM OR FT & IN	Weight *	Postcode * GL7 5TQ
Occupation * Builder X	Earnings * () £ 40000	
Monthly Benefit *	Deferred Period * 1 week	Add Split Deferred Period 🕕 • Yes • No
		Get Quote
Retirement Age is required		

• Once all fields are complete, press 'Get Quote', All the products you can apply for based on the information entered will be provided:

Product	Monthly Premium	i Retirement Age	i Premium option	i Indexation)
Income Assured Enhanced	£31.36	65	Pure guaranteed	🔿 Yes 🌑 No	Print Save and Apply
Income Assured Enhanced	£46.20	65	Holloway guaranteed	🔿 Yes 🌑 No	Print Save and Apply
					1
My Earnings Protected	£32.70	65	Age-Costed guaranteed	🔘 Yes 🕒 No	Print Save and Apply
My Earnings Protected	£42.72	65	Level guaranteed	🔿 Yes 🌑 No	Print Save and Apply

 Some options may not be available for both products; you will receive a note to explain this – For example, if a split deferred is selected, you will receive a note to say 'Income Assured Enhanced does not offer split deferred periods':

Allow Split Deferred P Yes	eriod No	Split Deferred Perio	Split Deferred Period * 4 weeks		nly Benefit *
For Income Assured En Income Assured Enhan not offer split deferred	hanced: ced does periods.				Get Quote
Product	Monthly Premium	i Retirement Age	i Premium Option	i Indexation	
My Earnings Protected	£44.07	65	Age-Costed guaranteed	🔿 Yes 🌑 No	Print Save and Apply
My Earnings Protected	£57.89	65	Level guaranteed	🔿 Yes 🌑 No	Print Save and Apply

• Press save and apply on the required product. Next it will take you to the 'Panel Selection' page, this is currently 'whole of market', press continue:

Quote

Panel Selection		
Adviser * Miss Natalie Little		
Panel * Whole of Market		
		Continue

• On the Quote Summary screen, you will have the option to amend earnings/cover requested. You will also be able to add any extra features (these include SIC & MEB). Press 'add these features':

Quote Summary

Quote reference Number of policies Application reference	00000015J1 1 PAP000005XK	Total monthly premium £30.19 D. Outra Illustration
Quote expiration date	18/12/2021	
S Add additional fe	atures	
My Extra Benefits		
For a small additional premium, y Hospitalisation Benefit and/or Im	ou have the option of adding 'My Extra Benefits ' to your nediate Death Benefit .	client's income Protection contract, these include Fracture &
Severe Injury Cover		
Unique to us, you can enhance yo	ur client's income Protection contract by selecting to in	dude Severe Injury Cover as well as My Extra Benefits. Add these features

• Once you have pressed 'Add these Features' on the quote summary screen. You will be taken to the screen below. You can amend anything on this screen if required.

Amend Quote

Product Details	;			
My Earnings Protected				
Contract Details				
Annual Gross Earnings *	£ 40000	Retirement Age	◎ 65	• 70
Indexation	🔵 Yes 💿 No			
Age Costed	ම Yes ● No			
Product Options To add or remove split deferred	periods please click the Change P	roduct Options button below.		
Deferred Period *	1 week	V		
Monthly Benefit *	£ 1200.33			
Additional Benefits				
Severe Injury Cover	🔵 Yes 💿 No			
My Extra Benefits				
Fracture and Hospitalisation	🔵 Yes 💿 No			
Immediate Death	🔵 Yes 💿 No			
 Adviser information 				
			Change product options	Get quote

 Once you are happy to proceed, you will need to press 'Get quote', this will take you back to the 'Quote Summary' screen. You will be able to see the updated cover that is being applied for, including the updated premium. There are also links to the 'Key Features' and 'Ts&Cs' – Schedule 6 – Rules of the Contract.

My Earnings Protected £58.27 per month	🖹 Key features 📙 T&C
Nat Test	
Contract term To age 65	
Deferred period 1 week(s)	
Monthly benefit of £1,499.33	
My earnings protected (level & no indexation)	
Fracture & hospitalisation benefit (level & no indexation)	
Immediate death benefit (level & no indexation)	

- The quote summary screen will also provide you with 4 declarations: Data Protection, Access to Medical Report Act, an Applicant, and an Adviser Declaration, these will need to be agreed to before being able to proceed further. You will need to click on each declaration to expand the text.
- Once the declarations have been read you will need to tick the box at the bottom of the 'Applicant Declaration' & 'Adviser Declaration' to confirm all statements are true. You will **NOT** be able to click the 'apply' button until the declarations have been confirmed.

 Data Protection (Please click to expand) 	
 Access to Medical Reports (Please click to expand) 	
✓ Applicant Declaration - My Earnings Protected	
✓ Adviser Declaration	
C I confirm all statements above are true	
	Apply

• Once you have pressed 'Apply' – you will be taken through the apply journey – this will be confirmation of the applicant details. Some of the details will pull through from the previous screen but all fields must be completed. Once complete, press save:

Your Quote	Life Insured		
Applicant Details			
Onderwriting	Title *	Tobacco or Nicotine Usage *	
Application Summary	First Name *	Occupation *	
Decision	Nat	Builder	×
	Last Name *	Nationality *	
Payment	Test	British	\bigtriangledown
Nominee Details	Date of Birth *	Email Address	
Start Date	31 07 1990	test@cirencester-friendly.co.uk	
Confirmation	Daytime Phone Number	Mobile Phone Number	
	0777777777	0777777777	
Application reference: PAP000005ZW	Postcode *		
Lives insured: 1	GL7 5TQ		
Nat Test	Find Address		
Female 31/07/1990 Non-Smoker	Add address manually		
Products: 1			
My Earnings Protected	Gender 🔍 Male	◎ Female	
Edit contract			

• You will then be taken through the underwriting questions. All the medical questions will be asked throughout this journey. If a question has been answered yes or a disclosure has been made, the question will expand for you to provide further information. *It is important that the questions are answered in full, with as much detail as possible.*

Underwriting - Nat
Occupation & Other Insurances
Do you have any other job, occupation or activity (sports & hobbies included) from which you receive additional income?
Yes O No Amend
Other than statutory sick pay (SSP), are you entitled to any earnings or Company sick pay if you are off work due to illness or injury in your
main job or occupation?
Yes No Are you currently off work, working reduced hours or had your duties altered due to illness or injury? Please note that we are unable to offer you cover if you are not currently working
Yes © No
With the exception of Life, Critical illness or any other insurance that pays out as a lump sum, are you applying for cover elsewhere or do you have existing cover with another insurer which provides an ongoing financial benefit in the event of you being unable to work due to illness or injury?
○ Yes ◎ No
Continue

• With regards to hazardous hobbies, if you select 'yes' you will receive follow-on questions after each response to provide all required information.

	Underwriting - Nat
Applicant Details	
	Avocation (Sports & Hobbies)
Occupation & Other Insurances	Do you currently, or have you any intention, of engaging in a 'Hazardous Activity'?
Avocation (Sports & Hobbies)	A 'Hazardous Activity' is any recreational activity which may increase your risk of incurring an injury, which may leave you unable to work and earn a living.
Height, Weight 🥝	Although we do not automatically increase premiums or impose an exclusion for those who participate in these activities, we do ask you to provide information on any Hazardous Activity that you undertake. Examples include, but are not limited to: motor racing, horse riding, aviation, diving or
Alcohol & Drug use	
Application Summary	Which Hazardous Activity does this concern?
	Please start typing your response and we'll try our best to find a match. If you can't find what you are looking for, please type & select 'Other' and tell us about it
Decision	Motocross ×
£ Payment	Edit Add Another
Nominee Details	Motocross Have you suffered more than 1 injury that required medical attention, hospitalisation, treatment or time off work whilst participating in this
<u> </u>	Hazardous Activity in the last 3 years?
Start Date	© Yes ○ No
	What injury did you suffer as a result of participation in this Hazardous Activity and when (mm/vwy)?
Confirmation	Please be specific about the nature & site of the injury (e.g. broken LEFT hand or sprain injury to the RIGHT knee)
	Broken left hand Jan 2020
Application reference: DAD000057W	What tests or investigations (if any) did you have because of this, when and what were the results?
	xray Confirm
Lives insured: 1	
Miss Nat Test	What treatment did you have for this and when?
Female 31/07/1990 Non-Smoker	If you had surgery for this, please tell us whether any metalwork was put in place and whether this is still in place. If no longer in place, please advise when the last of the metalwork was removed.
Products: 1	plaster cast Confirm

Did you have any	complication(s) because of t	is condition?			
O Yes	O No				
Did you have time	off work because of this?				
Yes	O No				
How much time of	f work did you have because	f this and when?			
8 weeks			Confirm		
Are you fully recov	vered?				
This means no treat	ment, no ongoing symptoms, n	> complications, discharge	ed from any further	review and not under any follow-up	
When (mm/yyyy) d	id you last experience sympto	ms in relation to this?			
02/2020			Confirm		
Have you suffered	l any other injury whilst part	cipating in this Hazard	ous Activity in the l	last 3 years?	
O Yes	O No				
				Continue	Pack
				conunde	DACK

• You will need to check that the height/weight is correct as per the data you entered on the 'Quote' screen, if you need to amend the height/weight, you can do this by over typing the data:

(Your Quote	Underwriting - Nat
Applicant Details	
🥹 Underwriting	Height, Weight
Occupation & Other Insurances Avocation (Sports & Hobbies) Height, Weight Alcohol & Drug use Provide Application Summary Decision	What is your height? 1.72 What is your weight? 65 Enter in stones and pounds
2 Payment	Continue Back
Nominee Details	

• The alcohol & drug use questions will need to be completed – if any of the questions are answered 'yes' more questions will follow to provide further details.

Applicant Details	Underwriting - Nat
O Underwriting	Alcohol & Drug use
Occupation & Other Insurances O Avocation (Sports & Hobbies) O Height, Weight Orkgusse	What is your typical weekly consumption of Higher-strength Lager, Berr or Cloter (pints)
Application Summary	Normal Lager, Beer or Cider (pints)
Decision	Wine (small glass, 125mi)
Payment	Wine (medium or standard glass, 175ml)
Nominee Details	Vice (large stars 720m)
🛞 Start Date	Line for Providence
🤣 Confirmation	Spirits (single measures)
Application reference: 040000057W	Alcopop (275ml bottles e.g. VK, WKD)
Lives insured 1	
Mibs Nat Test Female 31/07/1990 Non-Smokar	At anytime have you been advised to reduce your consumption of alcohol or tobacco or received medical advice, counseling or treatment in connection with alcohol, tobacco or other drug abuse?
	Do you use or have you used recreational drugs or drugs other than for their prescribed purposes or any substance other than for its stated
My Earnings Protected Edit contract	pur porses including regering to r ○ Yes ○ No
Adviser reference 000000000000000000	Continue Back

There are then 5 sections of personal medical history.

• On section 1/5 there's a note to explain that if your client has had any of the listed conditions, we are unable offer terms. This means that if you answer 'yes' to any of these conditions the application will be a straight decline.

	underwhling - Nal
Applicant Details	
	Personal Medical History 1/5
Dccupation & Other Insurances Image: Compation (Sports & Hobbles) Height, Weight Image: Compatibility Alcohol & Drug use Image: Compatibility Personal Medical History 1/5 Image: Compatibility Personal Medical History 2/5 Image: Compatibility Personal Medical History 3/5 Image: Compatibility Personal Medical History 5/5 Additional Questions Family history Image: Compatibility	Have you been diagnosed with or had any of the following conditions? Please note: We are unable to offer terms if you have had any of the following conditions Multiple sclerosis (MS), Motor Neurone Disease (MND), Parkinson's Disease, Huntington's Disease or Dementia (including Alzheimer's disease) Yes No Bipolar Disorder, Manic Depression, Schizophrenia, Borderline Personality Disorder Yes No Polycystic kildney Disease (PKD) Yes No
Application Summary	Ves No
Decision Payment	Ves No Cirrhosis Yes No
Nominee Details	Systemic Lupus Erythematosus (SLE)
B Start Date	A major organ transplant (as a recipient) e.g. heart, livre, lung, kidney • Ves
Confirmation	Cystic fibrosis Ves No
Application reference: PAP000005ZW Lives insured: 1	Continue Back

- Personal medical history continued, if you select 'yes' to a question, you will receive follow on questions after each response to provide all required information.
- The additional question section relates to anything that you've not provided during the personal medical history sections 1-5.

Vour Quote	Underwriting - Nat
Applicant Details	
Underwriting	Additional Questions
pation & Other Insurances	Apart from anything that you have already told us about on this application form:
ition (Sports & Hobbles) ht, Weight	 In the last 5 years, have you had any medical attention with a doctor, other medical practitioner, at a hospital or required any investigation. scan or test?
ol & Drug use nal Medical History 1/5	 You do not need to tell us about any routine tests or investigations, unless the results were abnormal or treatment was started or altered as a result Yes No
nal Medical History 2/5 nal Medical History 3/5	 Are you considering seeking medical advice or treatment in the near future or have you been advised to have any medical investigation, te or scan or are you awaiting any results?
nal Medical History 4/5 nal Medical History 5/5	 You do not need to tell us about any routine check-ups, surveillance or monitoring appointments (e.g. annual asthma or diabetes review) Yes No
nal Questions / history	Do you have any other medical condition or injury for which you are taking tablets, medicines, prescribed drugs or any other treatment (e. physiotherapy or chiropractori)?
Application Summary	○ Yes ○ No
Decision	Other than for anything you have already mentioned, have you had time off work due to sickness, illness or injury in the last 2 years? You do not need to tell us about any time off work to attend routine surveillance or monitoring appointments Ves No
Payment	Have you made any claims on income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts currently or previously held?
Nominee Details	() Yes () No
Start Date	Continue Back
Confirmation	

• Then you move onto the 'Family History' section – you do not need to tell us about adoptive parents or step/half siblings. If you select 'yes' to a question, you will receive follow on questions after each response to provide all required information.:

Applicant Details Control the control of the following conditions before the attention of the following conditions before the attention of the control of the following conditions before the attention of the control of the following conditions before the attention of the	Nour Quote	Underwriting - Nat
Lindevice Lindevice Control Contro Control Control Control Contro	Applicant Details	5
coparen Bone resurnes: coparen Bone coparen Bone coparent: coparent: <	Junderwriting	Family history
<pre>stand is a wood a data basis of a second and a second a data basis of a second and a second a sec</pre>	cupation & Other Insurances	Have any of your natural parents, brothers or sisters been diagnosed with or died from any of the following conditions before the age of 6
Picture Picture No Singust Picture Application summary No Payment No Payment No Start Date No Mass int First No No Start Date No Start Date No Start Date No Mass int First No No Stroke Stores No No Since Stores No Mass int First No No No Since Stores No Not interest Stores No Mass int First No No Not interest Stores No National Stores No National Stores No Stores No National Stores	ation (Sports & Hobbies)	You do not need to tell us about adontive narents or stenihalf-siklings
hol & Sugies and Mascie Happy 36 cont Mascie Happy 35 cont Mascie Happy	ht, Weight	i de de not nece lo ten de deben debenno partene el segninari stantiga.
Application Application	hol & Drug use	Alzheimer's Disease
Application reference Products 1 Application Summary Image: Image	onal Medical History 1/5	Aldreiner 3 Disease
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Al Media History 45 Cancer mole Quastions O Application Summary Image:	nal Medical History 3/5	
Application Summary Decision Payment No Noninee Details Ves Start Date Ves Confirmation Ves Application reference PAR0000050V Ves Ukersing Start Start No Application reference PAR0000050V Ves Monor Reference No Motor Neurone Disease No Application reference No Motor Neurone Disease No Motor Neurone Disease No Ves No Motor Neurone Disease No Motor Neurone Disease No Ves No Motor Neurone Disease No Ves No Motor Neurone Disease No Motor Neurone Disease No Non-Strokers No Motor Neurone Disease No Ves No Multiple Sciencist No Motor Neurone Disease No Ves No No-Strokers No Multiple Sciencist No <	nal Medical History 4/5	
Application Summary Decision Payment Nominee Details Start Date Confirmation Application reference DAV000052VY Lise Industry Test Decision Application reference DAV000052VY Lise Industry Test Application reference DAV000052VY Lise Industry Test Motor Neurone Disease Notified Certaid Motor Neurone Disease Yes Notified Certaid Motor Neurone Disease Yes Yes Yes No Notified Certaid Motor Neurone Disease Yes Yes No No No Multiple Sciencisi No No No Motor Neurone Disease Yes Yes No No <td>nal Medical History 5/5 🛛 🛇</td> <td>Cancer</td>	nal Medical History 5/5 🛛 🛇	Cancer
Application Summary Decision Payment Payment Nominee Details Start Date Start Date Confirmation Ves Or firmation Ves Noto Noto Motion Subjects Notified Details Start Date Confirmation Ves Ves Ves Ves Ves No No Motion Subjects Motion Neurone Disease No No Notion Neurone Disease Ves Ves Ves No Motion Neurone Disease Ves Ves Ves Ves Ves Ves No No Motion Neurone Disease Ves Ves Ves Ves Ves No No <tr< td=""><td>onal Questions 📀</td><td>Including breast, ovarian, bowel/colorectal, melanoma, prostate & other</td></tr<>	onal Questions 📀	Including breast, ovarian, bowel/colorectal, melanoma, prostate & other
Application Summary Dabetes Decision Yes No Payment Induining hear stated, angine & bysas surgery: Induining hear stated, angine & bysas surgery: No Yes No Start Date Stroke Confirmation Yes Application reference: Yes Application reference: Yes No insocker: Yes Yes No	history	Yes No
Decision Payment Nominee Details Start Date Confirmation Application reference: NAPR000052V/ Less insured 1 Motor Neurone Disease Yes Notor Neurone Disease Yes Ves Ves No Application reference: NAPR000052V/ Less insured 1 My Earnings Protected Konsmoler Products 1 Ves No Retrinstons Disease No No Motor Neurone Disease No No No Motor Neurone Disease No No No No Motor Neurone Disease No No No No Motor Neurone Disease No N	Application Summary	Diabetes
Payment Nominee Details Nominee Details Stroke Start Date Cardiomyopathy Confirmation Yes Yes No Application reference: PAP0000520V Lives insured. 1 Nos Motor Neurone Disease Yes No Yes No Motor Neurone Disease Yes No Motor Neurone Disease Yes No Motor Neurone Disease Yes No Multiple Sclerosis No Multiple Sclerosis Yes No Multiple Sclerosis Yes No Parkinson's Disease Yes No Multiple Sclerosis Yes No Bernate Yes No Muscular Dystrophy Edit reference Yes No Polycystic Kidney Disease Yes No Polycystic Kidney Disease Yes No	Decision	O Yes O No
Payment Nomlinee Details Start Date Start Date Confirmation Application reference: PA00000052VV Lives insured: 1 Miss has Tests springle Start Date Application reference: PA00000052VV Lives insured: 1 Miss has Tests springle Start Date Yes O Yes No Huntington's Disease O Yes No Motor Neurone Disease O Yes Ves No		Heart Disease
Nominee Details Start Date Start Date Confirmation Application reference: PAPP0000052W Lives insured 1 Miss Nat Text Female Yoducts: 1 My Eminings Proceeded Edit contract Adviser reference: 0000000000000 Edit reference Yes No Parkinson's Disease Yes Yes No Multiple Sciencis No Parkinson's Disease Yes Yes No Multiple Sciencis Yes Yes Yes Yes No Muscular Dystrophy Yes Yes Yes No Haemochromatosis Yes Yes No	Payment	Including heart attack, angina & bypass surgery
Storke Start Date Confirmation Application reference: PAP0000052W Lives insured: 1 Miss Nat Test Penule 31/07/19/00 Non-Smoker Produce: 1 Miss Nat Test Penule 31/07/19/00 Non-Smoker Produce: 1 Miss Nat Test Penule Yes Ves Ves No Huttliget Sciencesia Multuple Sciencesia Ves Ves No Muscular Dystrophy Edit reference Yes Yes Ves No Huscular Dystrophy Yes Yes Yes Yes No	logificate	Ves No
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Start Date Start Date Confirmation Application reference: PAR0000052W Lives insured: 1 Miss Nat Test: Penale 31/07/1990 NorSmoker Products: 1 My Earnings Protected Edit contract Adviser reference: Ves No Products: 1 My Earnings Protected Edit contract Adviser reference: Ves No Polycystic kidney Disease Ves Ves Ves No	Nominee Details	Including transient ischaemic attack (TIA) or 'mini stroke'
Start Date Confirmation Application reference: Application reference: PApplication reference: PApplication reference: PApplication reference: Product: Miss Nat Test Female Product: Multiple: Sitor: Product: My Earnings Protected Edit reference Product: Adviser reference: Product: Muscular Dystrophy Edit reference Polycystic Kidney Disease P		Yes No
Confirmation Application reference: Application reference: <t< td=""><td>Start Date</td><td>Cardiomyopathy</td></t<>	Start Date	Cardiomyopathy
Contirmation Application reference: PAP0000052W Lives insured: 1 Miss Nat Text Female S1/07/1900 Non-Smoker Products: 1 My Earnings Protected Edit contract Adviser reference: 0000000000000 Edit reference Ves No Polycystic Kidney Disease Yes Ves No		
Application reference: PAR0000052W Lves insured: Miss Nat Test Penalle 31/07/1990 Non-Smoker Products: My Earnings Protected Edit reference Muscular Dystrophy Edit reference Orgen No Polycystic Kidney Disease Orgen Yes No Huntington's Disease Orgen Yes No Parkinson's Disease Orgen Yes No Muscular Dystrophy Orgen Yes No Haemochromatosis Orgen Yes No	Confirmation	
Application reference: PAP000052W Lives insured: 1 Miss Nat Test Penalie 31/07/1990 Non-Smoker Products: 1 My Earnings Protected Edit reference Double reference Output: 1 Multiple Sclerosis Non-Smoker Edit reference Output: 1 My Earnings Protected Edit reference Output: 2 Products: 1 Muscular Dystrophy Edit reference Output: Kidney Disease Output: Reference Output: Reference Output: Reference Polycystic Kidney Disease Output: Reference Output: Reference Polycystic Kidney Disease Output: Reference Polycystic Kidney Disease Output: Reference Output: Refer		Huntington's Disease
Application reference: PAPO000052W Motor Neurone Disease Lives insured: 1 <		Ves No
Lives insured:1 Miss Nat Test Penale 31/07/1990 Non-Smoker Products:1 Parkinson's Disease Muscular Dystrophy Edit reference Double reference Polycystic Kidney Disease	Application reference: PAP000005ZW	Mater Mennes Disease
Miss Nat Text Penalle 3107/1990 Non-Smoker Products: 1 Parkinson's Disease Multiple Science Muscular Dystrophy Edit reference Polycystic Kidney Disease	Lives insured: 1	Motor Neurone Disease
Multiple Sclerosis 31/07/1990 Non-Smoker Products: 1 My Earnings Protected Edit contract Adviser reference D00000000000 Kuscular Dystrophy Edit reference Yes No Polycystic Kidney Disease O Yes No	Miss Mat Test	Ves No
31/07/1900 Non-Smoker Products: 1 My Earnings Protected Edit contract Adviser reference Edit reference Yes No Polycystic Kidney Disease Polycystic Kidney Disease Yes No Haemochromatosis Yes Yes No	Female	Multiple Sciences
Ves No Products: 1 My Earnings Protected Edit contract Adviser reference 000000000000 Edit reference Yes No Polycystic Kidney Disease O Yes No Polycystic Kidney Disease Polycystic Kidney Disease Polycystic Kidney Disease Polycystic Kidney Disease Polycystic Kidney Disease	31/07/1990	manufacture and a second se
Products: 1 Parklinson's Disease My Barnings Protected Yes No Adviser reference Yes No Edit reference Yes No Polycystic Kidney Disease No Haemochromatosis No Yes No	Nor-Sinokei	Yes No
My Earnings Protected Edit contract Adviser reference Dit reference O Yes No Polycystic Kidney Disease O Yes No Haemochromatosis O Yes No	Products: 1	Parkinson's Disease
Adviser reference Adviser reference Muscular Dystrophy Yes No Polycystic Kidney Disease Yes No Haemochromatosis Yes No	My Earnings Protected	○ Yes ○ No
Edit reference Yes No Polycystic Kidney Disease Yes No Haemochromatosis Yes No	Adviser reference 000000000000000	Muscular Dystronby
Polycystic Kidney Disease Yes No Haemochromatosis Yes No	Edit reference	Yes No
Ves No Haemochromatosis Ves No		Polyrustic Kidnay Dicease
Haemochromatosis		
Haemochromatosis		
◯ Yes ◯ No		Haemochromatosis
		○ Yes ○ No

 You will then move onto the 'application summary', this will provide you with a detailed summary of all the questions you have been through in the journey. After each section there is a 'review' button, this is where you will be able to update/amend the information you have provided. Once you have checked all the information, you can press 'confirm' at the bottom of the page.

🙉 Your Quote	Summary — Nat	
Applicant Details	Please update any information below that may have changed before clicking confirm.	
😌 Underwriting	Personal details	
Occupation & Other Insurances		
Avocation (Sports & Hobbies)	Name	Miss Nat Test
Height, Weight	Date of birth	21/07/1000
Alcohol & Drug use	Date of or or	51/0//1550
Personal Medical History 1/5	Occupation	Builder
Personal Medical History 3/5		Review
Personal Medical History 4/5		
Personal Medical History 5/5 🥏	Occupation & Other Insurances	
Additional Questions	occupation & other insurances	
Family history		
Application Summary	Do you have any other job, occupation or activity (sports & hobbies included) from which you receive additional income?	No
Decision	Other than statutory sick pay (SSP), are you entitled to any earnings or Company sick pay if you are off work due to illness or injury in your main job or occupation?	No
£ Payment	Are you currently off work, working reduced hours or had your dutes altered due to illness or injury? Please note that we are unable to offer you cover if you are not currently working	No
8 Nominee Details	With the exception of Life, Critical illness or any other insurance that pays out as a lump sum, are you applying for cover elsewhere or do you have existing cover with another insurer which provides an ongoing financial benefit in the event of you being unable to work due to illness or injury?	No
🐻 Start Date		Review
Confirmation	Avocation (Sports & Hobbies)	
	Please tell us about each 'Hazardous Activity' separately	
	Do you currently, or have you any intention, of engaging in a 'Hazardou's Activity'?	
Application reference: PAP000005ZW	A 'Hazardous Activity' is any recreational activity which may increase your risk of incurring an iniury, which may leave you unable to work and	Ver
Lives insured: 1	earn a living. Although we do not automatically increase premiums or impose an exclusion for those who participate in these activities, we do ask you to provide information on any Hazardous Activity that you undertake. Examples include, but are not limited to: motor racing, horse riding availation during or mountainearing.	res
Miss Nat Test	nung, unaudi, uning di mountaineering	
Female	Which Hazardous Activity does this concern?	Motocross
Non-Smoker	Please start typing your response and we'll try our best to find a match. If you can't find what you are looking for, please type & select 'Other' and tell us about it	WOLDEROSS
Products: 1		
Produces. T	Motocross	
My Earnings Protected	Have you suffered more than 1 injuny that required medical attention, hereitalication, teastment or time off work while t	
Edit contract Adviser reference 00000000000000	nare you surface in the drain in highly that required metical adenticin, hospitalisation, dedutent of the on work whilst participating in this Hazardous Activity in the last 3 years?	Yes
Edit reference	Please tell us about each injury separately	
	What injury did you suffer as a result of participation in this Hazardous Activity and when (mm/yyy)? Please be specific about the nature & site of the injury (e.g. broken LEFT hand or sprain injury to the RIGHT knee)	Broken left hand Jan 2020
	What tests or investigations (if any) did you have because of this, when and what were the results?	xray
	What treatment did you have for this and when? If you had surgery for this, please tell us whether any metalwork was put in place and whether this is still in place. If no longer in place, please advise when the last of the metalwork was removed.	plaster cast
	Did you have any complication(s) because of this condition?	No
	Did you have time off work because of this?	Yes
	How much time off work did you have because of this and when?	8 weeks
	Are you fully recovered? This means no treatment, no ongoing symptoms, no complications, discharged from any further review and not under any follow-up	Yes
	When (mm/yyy) did you last experience symptoms in relation to this?	02/2020
	Have you suffered any other injury whilst participating in this Hazardous Activity in the last 3 years?	No

- Once confirmed you will be taken to the decision screen, this will either show:
 - Refer the underwriters will need to review the application as the engine couldn't provide a decision with the information provided.
 - Decline the Society is unable to provide cover based on the information provided.
 - Standard Terms you will be able to provide a start date for the contract to be made live.

Refer

R Your Quote	Decision
Applicant Details	
😔 Underwriting	Application reference PAP000005ZW IA Application summary
Application Summary	^ My Earnings Protected ▲ Refer
Decision	Miss Nat Test Contract term To age 65
Payment	Claim period Full term
	Deferred period 1 week(s)
Nominee Details	Monthly benefit of £1,499.33
Churt Date	A My earnings protected (level & no indexation)
Start Date	Fracture & hospitalisation benefit (level & no indexation)
Confirmation	Immediate death benefit (level & no indexation)
Application reference: PAP000005ZW Lives insured: 1	Our underwriters will need to review the application. You must click continue to send any referred applications to one of our underwriters, who will be in touch in due course. Please enter your doctor's details on the next screen. Further information is below.
Miss Nat Test Female 31/07/1990 Non-Smoker Adviser reference 00000000000000	Continue

• Once you have pressed continue, you will be asked to provide GP details:

R Your Quote	GP Detai	s		
Applicant Details	Please give us your	GP's details		
😔 Underwriting	Please provide at lea	ast one of the following pieces	of information.	
Application Summary	Last Name	Town/City	Post Code	Find my GP
Decision				Please tick if you do not have a Doctor.
£ Payment	_			C Add address manually
8 Nominee Details				Save & continue
B Start Date	_			Save a continue
Confirmation	_			

• Once you have clicked 'save & continue', the application will be passed to underwriting and an email confirming this will be sent to you. You will also be able to see the status in the portal. This will show that the application is 'in underwriting':

() My Actions & Notifications	Tracking Ove	rview - Advis	er P	orta	l l				
Start Quote	C								
(My Quotes		My application	ns (1)	My wat	chlist (0)				
B My Applications	Last Name	Application	A	All	type		Status		
My Commission						V			Search
My Documents	Application	Product	Premiur	m 🕴 Ini	ial com.	Status	¢	Updated	Watch
Account	PAP000005ZW Miss Nat Test	t My Earnings Protected				In Underwr	iting	24/11/2021	 Image: A start of the start of
	Showing 1 to 1 of 1 entries						Sh	now 10 🗸 res	ults per page

Decline

• A message will be shown to confirm that 'based on some of the answers provided we are not able to offer the requested cover at this time'.

	Your Quote	Decision
0	Applicant Details	
ම	Underwriting	Application reference PAP0000625
ß	Application Summary	
	Decision	My Earnings Protected Ø Declined
	Decision	Miss Test Nat
•	Payment	⊘ Contract term To age 65
9	Decision	Claim period Full term
8	Nominee Details	O Deferred period 1 week(s)
_		⊘ Monthly benefit of £1,001
	Start Date	⊘ My earnings protected (level & no indexation)
>	Confirmation	Unfortunately based on some of the answers provided we are not able to offer the requested cover at this time

• You will receive a notification of the decline, you will also be able to see this update in the 'My Applications' section of the portal – this will show the status as 'declined'.

(My Actions & Notifications	Trackin	g Over	view -	Advis	er Po	rtal				
Start Quote										
Ny Quotes				My application	s (2)	My watchlist (0)				
B My Applications	Last Name		Application		Appli	cation type		Status		-
My Commission							V			Search
(I) My Documents	Application \$	Life insured	Product	÷	Premium	Initial com.	Status	÷	Updated	Watch
O My Account	PAP00000625	Miss Test Nat	My Earning	s Protected			Declined		24/11/2021	

Standard Terms

• A message will appear on the decision screen to confirm the applicant has been accepted on standard terms. To progress further you can press continue and you will be taken through the payment details/ID&V/start date process. If you'd rather come back to this page once you have all of the details, you can leave the page.

Cirencester		Hi, Natalie Little	Documents	Contact us	Save
R Your Quote	Decision				
Applicant Details)
😌 Underwriting	Application reference PAP0000666 Coverage terms expiration date 21/02/2022		Total mo	enthly premium	
P Application Summary			🗋 Applic	ation summary	
Decision	My Earnings Protected E54.64 per month ✓ Standard terms		🗋 Confirma	ation of terms	_
2 Payment	✓ Miss Nov Test				
Nominee Details	 ✓ Calina set centre sign of a ✓ Calim period Full term 				
	✓ Deferred period 4 week(s)				
Start Date	✓ Monthly benefit of £1,499.33				
Confirmation	✓ My earnings protected (level & no indexation)				
	 Fracture & hospitalisation benefit (level & no indexation) 				
	✓ Immediate death benefit (level & no indexation)				
Application reference: PAP00000646 Lives insured: 1 Miss Nov Test Female	✓ Adviser information				
31/07/1990 Non-Smoker Adviser reference 00000000000000 Edit reference	By clicking continue you confirm that you have given the Member a copy of the Terms and conditions and Confirmation of terms, which f Member, for any contracts the Member wishes to buy.	form the contract bety	ween Cirencester Fr	riendly and the	
		Back		Continue	

• If you choose to return to the process once you have all the required information, you will need to go into the 'My Actions & Notifications' tab on the left-hand side within the Adviser portal. The actions required are to provide payment details and provide a start date. You will need to click on the application reference.

Cirencester					Hi	i, Natalie Little	Documents	Contact us	5
O My Actions & Notifications	Requires	Action - A	dviser Po	ortal					
Start Quote									
My Quotes			My actio	My notifications (1)					
B My Applications	Last name	Last name Application							
My Commission							-	iearch	
My Documents	Application	Product	0 Client(s)	Description	÷	Expiration date	÷ V	Vatch	
My Account	PAP00000646	PR00000227	Miss Nov Test	Provide payment details		21/02/2022		Image: A start of the start	
	PAP00000646	PR000000227	Miss Nov Test	Provide Start Date		21/02/2022		 Image: A set of the set of the	
	Showing 1 to 2 of 2 e	ntries				Sh	iow 10 🗸 res	ults per page	

• Once you have selected the application, you will see the below screen, you will need to press the 'retrieve' button. This will then restart the payment details/ID&V/start date process.

Cirencester					Hi, N	latalie Little Docum	ents Contact u	
My Actions & Notifications	Applicatio	on details						
Start Quote	Application							
Ny Quotes	Reference	Reference Agent code i			Submitted	ICRN	Delegated	
My Applications	PAP00000646 (Quote Ap	plication)	410000/001	Miss Natalie Little	24/11/2021		No	
My Commission	Client details			Commission de	tails		Retrieve	
My Documents	 Miss Nov Test - PCI 	Miss Nov Test - PCI000WZX			 My Earnings Protected - PR000000227 			
	Gender	Female		Commission style	Commission style			
My Account	Date of birth	31/07/1990		Initial (Indemnity)	Initial (Indemnity)			
	Occupation	Driver - HGV		Initial (Non Indem	Initial (Non Indemnity)			
	Smoker status	Never used		Renewal	Renewal			
	Day phone	-		Uplift		0.00	96	
	Evening phone	-		Total commission	Total commission % paid			
	Mobile phone	07580138059						
	Email	test@cirencester-fri	endly.co.uk	Actions	Actions			
	Current address	Current address ~ Show			ctivity			
				∧ Outstanding	nformation			
	Policy details			Product		Requires	Expiration Date	
	 My Earnings Protect 	cted - PR000000227		My Earnings Protect	ed - PR000000227	Provide payment details	21/02/2022	
	Policy holders	Miss Nov Te	st	My Earnings Protect	ed - PR000000227	Provide Start Date	21/02/2022	
		1000						

• You will be taken to the payment screen, to select the preferred collection day and set up the direct debit.

Cirencester			HI, Natalie Little	Documents	Contact us
😥 Your Quote	Payment Deta	ails			
Applicant Details					
😔 Underwriting	New Direct Debit Instructi	ion	as first collections a	are taken at the	earliest
Application Summary	opportunity following the cont	ract start date. Subsequent months' collections will use the preferred dat	e.		
Decision	Preferred collection day	Select			
2 Payment	Payer		Add payer		
Nominee Details					
🐻 Start Date					
Confirmation					
Application inference PMP0000646 Lices insured: 1 Frankis Frankis Nachismer Advisor reference 0000000000000 Edit reference	Name of account holder Sort Code Account Number	Connector Frendy will noted parametel density have the them Account quanticel. Presents will assure at their Connector France).		~~~	lidate
	Payer Declaration Confirm that I have the confirment of the confirment confirme	authority to set up a Direct Debit against this account and I am the only p is box I am confirming this account does not require dual agratures up on a joint account where only one signature is required to transact. we until an IOV check is passed on will be required when the payer is not the applicant or more than one : is for further guidance. a simple identity check on all applicants and payers - should this check n	erson required to a ignature is required ot pass we will cont	uthorise direct d to authorise p act you to confi	Jebits from ayment from rm the
			Identity C	vetk	Continue

 Once the payment details are entered, you will need to complete the payer declaration by ticking the box. The 'identity check' button will then become available. Once pressed, this will complete the checks in the background, this will then enable the 'continue' button to become available.

[Info: you will still be able to enter the 3rd party's payment details into the portal however, we will be unable to commence premium collections until we have received a paper copy of the Direct Debit instruction that has been signed by the payer. In the event that your applicant wishes to pay from a third-party bank account, please give our Member Services Team a call on 0800 587 5098 (ext 7201), who can talk you through the next steps].

2	I confirm that I have the authority to set up a Direct Debit against this account and I am the only person required to authorise direct debits from
	this account. By ticking this box I am confirming this account does not require dual signatories.
	A direct debit can be set up on a joint account where only one signature is required to transact.
his	application cannot continue until an IDV check is passed.
pa ne a	per Direct debit instruction will be required when the payer is not the applicant or more than one signature is required to authorise payment fro ccount. Please contact us for further guidance.
irer ppl	icester Friendly performs a simple identity check on all applicants and payers - should this check not pass we will contact you to confirm the cant's identity.

• Upon pressing continue, you will be taken to the payment details screen. You will be able to edit the payment details here if anything is incorrect.

ayment Details		
My Earnings Protected		Edit
Payer name	Miss Nov Test	
Account Number	0000000	
Sort Code	600541	

• If everything is correct you can press continue which will take you to the DD confirmation screen (the completed mandate). Directly underneath this will include the Direct Debit Guarantee.

Cirencester	INSTRUCTION TO YOUR FINANCIAL INSTITUTION	TO PAY BY Direct Debit
Drencester Priendly Society, The N	fallards, South Cerney, GL7 STQ	
INANCIAL INSTITUTION NAME AND	ADDRESS	SERVICE USER NUMBER
NATIONAL WESTMINSTER BAN	K PLC	
		REFERENCE NUMBER
		Instruction to the Bank or Building Society
		Limited from the account detailed on this
NAME OF THE ACCOUNT HOLDER		instruction, subject to the safeguards assured
Nov test		by the Direct Debit Guarantee.
ANK/BUILDING SOCIETY SORT COD	6	with Cirencester Friendly and, if so, details will
600541		be passed electronically to my Bank or Building Society
ANKIBUILDING SOCIETY ACCOUNT	NUMBER	DATE
00000000		24/11/2021
Financial institutions may not a Please check the payer's bank returning to the <u>Payment Deta</u>	cospt DD instructions for some types of accounts. details are correct before proceeding. If you have made any er is page and correct the proceeding of the you print and retain ease click continue.	rrors when typing in their information, you can still go back by a copy of all Direct Debt related correspondence for your records.

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, Ciren advance of your account being debited or as other agreed. If you request Cirenceste and date will be given to you at the time of the request.	cester Friendly Society will notify you within 5 working days in r Friendly Society to collect payment, confirmation of the amount
If an error is made in the payment of your Direct Debit, by Cirencester Friendly Socie immediate refund of the amount paid from your bank or building society.	ty or your bank or building society, you are entitled to a full and
If you receive a refund you are not entitled to, you must pay it back when Cirencester	Friendly Society asks you to.
You can cancel a Direct Debit at any time by simply contacting your bank or building us.	society. Written confirmation may be required. Please also notify

• Upon pressing continue, you will need to complete the verification of identity checks on your client.

😥 Your Quote	Confirmation and	d Verification of Identity					
Applicant Details	Please review the payment details below.	Please review the payment details below. You can edit the payment details by selecting 'Payment' in the navigation menu.					
😔 Underwriting	PR000000227 - My Earnings Protec	ted for Miss Nov Test					
Application Summary	Payer name	Miss Nov Test					
Decision	Account Number Sort Code	0000000 600541 Conker Interiors Ltd,Manor Farm					
£ Payment	Address	Barns, Norwich, Norfolk, GL7 5TQ					
Nominee Details		locained by me in relation to the third party					
🐻 Start Date			Continue				
Confirmation							

Once completed, if you have selected My Extra Benefits – Working Life Death Benefit - you
will be taken to the nominee screen to add your clients chosen nominee(s). These must total
100%.

Q Your Quote	Nominee Details		
Applicant Details	My Earnings Protected (PR000000227) for Miss Nov Test		
😔 Underwriting			
Application Summary	Adding Nominees		
Decision	Please name at least one nominee. If you would like to add more than one nominee, please ensure their combined percentage adds up to 100%. Add Nominees		
£ Payment			
Nominee Details	Ba	ck Continue	
Btart Date			
Confirmation			

• You will be asked to enter personal details for the nominee(s) and the percentage payable.

Nominee Details

First Name	Test			
Last Name	Tester			
Contact Number	0000000000			
Date of birth	01 01	1990		
Post Code	GL7 5TQ	Find Address		
	C Add address manually			
Percentage	100			
			Back	Continue

Nominee Details

My Earnings Protected (PR000000227) for Miss Nov Test

Adding Nominees							
Please name at least one nominee. If you	u would like to	add more than on	e nominee, pleas	e ensure their combin	ed percentage adds	up to 100%.	
Test Tester	100%	Edit	Remove				
Add Nominees							
						Back	Continue

- Once you press continue, you will be taken to the 'start date' screen. You can enter the required start date, this can either be today's date or a date in the future of up to 90 days. You will NOT be able to back date a start date.
- There is also the option to select your marketing preferences, as to whether you want to be contacted or not and how. There is also the option to select if you require the documents in large print.

(R) Your Quote	Start date				
Applicant Details					
📀 Underwriting	My Earnings Protected (PR000000227) fo	or Miss Nov Te	st		
Application Summary					
Decision	Start Date	DD	MM	YYYY III	
2 Payment	Advice given?	Yes	No		
8 Nominee Details	Is the policy mortgage related?	• Yes	No		
🐻 Start Date	is this a replacement for another Cirencester Prendy plan?	• res	• ND		
Confirmation	Marketing Preferences				
	Can we keep in touch? With your permission we would like to keep you update with updates al We won't pass your personal information to any company that isn't part	about your contract and Cire rt of Cirencester Friendly. If	encester Friendly. you are happy with	this, please select your preferred option(s):	
Application reference: PAP00000646					
Lives insured: 1			Miss Nov	Test	
Female 31/07/1900	By Email		0		
Non-Smoker Adviser reference 000000000000000	By Phone Call		D		
Edit reference	By Text Message		O		
	By Mail		O		
	No Marketing		0		
	Documents are available in large print. Please check box i	if you require this opt	ion		
		Miss Nov	/ Test		
		0			
	Your selection isn't permanent				
	If you change your mind at anytime please contact us on 0800 587 509 For further information on how we use your data, please view our Priva	98 or write to us as Mutuali acy Statement.	ty House, The Malla	rds, South Cerney, Cirencester, Glos, GL7 5TQ.	
					lssue my policy

• Once you have added the start date details you can press 'issue my policy', you will then see the final confirmation, confirming that the contract is now live.

😰 Your Quote	Confirmation									
Applicant Details	Thank you for submitting your Application. This contract is now live. Contract Life insured Contract number Start Date First payment date									
😔 Underwriting										
Application Summary	My Earnings Protected Miss Nov Test PR000000227 26/11/2021 09/12/2021									
Decision										
2 Payment	We know how important this contract is to you. Please check carefully that the information you are providing is accurate and complete, as any errors or omissions may result in claims for benefit being disallowed. If you have any amendments or your circumstances have changed before the Start Date, please let us know. Please keep your Contract number to hand should you need to contact us.									
Nominee Details										
🐻 Start Date		Return to dashboard								
Sonfirmation										

• If you return to the dashboard, you will be able to see the below. It will show the status as 'issued' as well as the name, product, premium, initial commission and the date it was last updated.

Ŷ	Cirencester							Hi, Natalie Litt	le Documents	Contact us S
٥	My Actions & Notifications	Tracking	Overvie	w - Adviser	Port	al				
D	Start Quote	0								
	My Quotes			My application	ons (3)	My	watchlist (0)			
B	My Applications	Last Name		Application Application type		ion type	Status			
6	My Commission									Search
	My Documents	Application \$	Life insured	Product 👙	Premiur	n ÷	Initial com.	Status	Updated	Watch
0	My Account		Miss Nov Test	My Earnings Protected	£54.64		£1038.67	Issued	25/11/2021	

• As the Adviser, you can go in the 'my documents' section on the left-hand side bar, this will provide the confirmation letters/contract documents for the member.

My Actions & Notifications	Documents - Advisor Portal								
Start Quote									
😥 My Quotes		Appli	cation	Contract	Adviso				
B My Applications	Reference	Advisor		From date	11	2021	To date	12	2021
My Commission							<u>.</u>		Search
My Documents	Document	¢	Advisor	¢ Client name	e ¢ Re	ference	¢	Date	¢ PDF
My Account	Personal Details Confirmation		Natalie Little	Miss Nov Te	est P/	P00000646		25/11/2021	7
	Personal Details Confirmation Letter		Natalie Little	Miss Nov Te	est P/	P00000646		25/11/2021	
	Terms and Conditions		Natalie Little	Miss Nov Te	est P/	P00000646		25/11/2021	1
	Policy Schedule		Natalie Little	Miss Nov Te	est P/	P00000646		25/11/2021	1
	Confirmation of terms		Natalie Little	Miss Nov Te	est P/	P00000646		24/11/2021	1
	Application summary		Natalie Little	Miss Nov Te	est P/	P00000646		24/11/2021	7
	Quote illustration		Natalie Little	Nov Test	P/	P00000646		24/11/2021	7
	Quote illustration		Natalie Little	Nov Test	P/	P00000646		24/11/2021	7

• You can select the 'My Commission' tab on the left-hand side bar. It will show the commission here once the new contract is loaded into the system.

() My Actions & Notifications	Commission payment - Advisor portal									
Start Quote										
My Quotes	Contract number	Start Date 01 11	End date	C	ommission type All					
B My Applications					Refresh					
6 My Commission	Contract number	Contract holder	Commission type	Commission basis	Date 🔶 Amount 🍦					
My Documents	No data available in table									
O My Account	Showing 0 to 0 of 0 entries									