

What happens next guide

Your case has been referred

All applications go through an assessment process, known as underwriting. If your application has been referred, it means an underwriter will review your application. We may need some more details from you, in which case we will try to contact you by phone. This will be between 8am and 6pm Monday - Friday. All calls are recorded. If we are unable to reach you we'll email or write to you instead. Once we have the information, the underwriter will decide whether your application can be accepted on standard terms, or whether we offer cover at an increased premium or exclude certain conditions from a claim. Sometimes we'll be unable to offer cover. If this is the case, you'll be contacted to discuss next steps.

Requesting medical information

We'll have captured consent to access your medical records and details of your GP during your application.

Sometimes we will ask for a medical report to help the assessment process, or because you have applied for a high level of cover. This will either be a report completed by your GP from your medical records, or a nurse or doctor will contact you to carry out a medical exam.

Our Protection Promise

Our protection promise could provide cover free of charge for up to three months while your life or income protection application is being underwritten. Please refer to your policy summary for full details, including restrictions, or speak to your financial adviser.

For personal protection, this could cover you for the amount of benefit you applied for, up to a maximum of £500,000.

For business protection, this could cover you for the amount of benefit you applied for, up to a maximum of £1 million.

If you've chosen family income cover, and a successful claim is made, we'll pay the monthly benefit you applied for multiplied by the number of months' cover on your application up to a maximum of £500,000.

If you are applying for income protection, we offer free accidental injury cover whilst we are looking at your application. This could cover you for the amount of benefit you applied for, up to £20,000 a month against the unexpected.

Medical information: what does this involve?

- A medical assessment is most often a simple screening carried out by a nurse at a time and place (usually your home) convenient to you. In some circumstances it may be a medical exam carried out by a doctor from a company providing specialist medical services. Additional tests may also be requested and can include blood, urine or saliva samples. When you are contacted please arrange your assessment as soon as it is convenient for you, to ensure your application can be assessed quickly.
- We won't request any information from your GP unless we need to. We will also explain all your rights, and the procedure we follow.



Making a decision

If we aren't able to offer you our standard protection from your application, the terms we can offer you will depend on your personal circumstances, such as health, lifestyle, family history and occupation. Here are the possible outcomes, along with some other important information.

Accepted with conditions

- If there is an additional risk of a claim we will increase the premium, which still offers full cover. Where the risk is too great we will apply an exclusion which means a claim will not be paid for a specific event.
- Your adviser will explain any conditions applied to your policy.

Application postponed

- We may be unable to offer you cover at the moment.
- This might be for a specific length of time, or for a specific event such as waiting until investigations for symptoms are complete.
- We will write to you to inform you of our decision, and when you can reapply.

Application declined

- Following our assessment we may be unable to offer you cover.
- We will write to you to inform you of our decision.
- Although we are unable to offer you cover you may still be able to get this elsewhere. Your financial adviser can help.

Read your documents carefully

Once we've accepted your application please take time to read and check your policy documents carefully. If any of your details are incorrect you must tell us straight away, including any changes which occurred before the contract comes into force.

Any changes may affect the terms we have already offered. If you don't tell us about changes, or have given us incorrect information, this may result in the policy being amended or cancelled, may reduce the amount payable in the event of a claim, or may result in the non-payment of a claim.

If you aren't sure about any of the information you've provided, please speak to your adviser.

We'll activate your cover

Once we've accepted your application your policy will start on the date you specify. Once your cover is in place we recommend you review it regularly with your financial adviser, especially if your circumstances change.

Start accessing our support services

As soon as your cover is activated you will have access to a range of additional services, although they don't make up part of your contract they are available at no additional cost