

Offline Enquiry Form



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|---|--|--|--|
| 1) Contact / Intermediary Details (leave blank if you are applying for yourself) | | | |
| Intermediary Contact | | Company Name | |
| Contact Telephone Number(s) | | Email Address | |
| Name of Applicant (person applying for cover) | | Country of Residency of Applicant | |

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| 2) What cover do you want? | |
| What cover(s) do you want? | |
| <input type="radio"/> Life Insurance <input type="radio"/> Income Replacement <input type="radio"/> Other | <input type="radio"/> Travel Insurance <input type="radio"/> Personal Accident |
| What type / term do you want? | |
| <input type="radio"/> Level term <input type="radio"/> Decreasing term <input type="radio"/> Other | <input type="radio"/> Annual <input type="radio"/> Personal Accident |
| Have you already been declined by other insurers? Please give details including any reason(s) given. | |
| How much cover do you want? (please indicate currency and alternatives / minimum / maximum as applicable) | |
| How long do you want cover for? (please indicate in years, months or days) | |
| How much would you prefer to pay? (please indicate – if monthly or per year) | |

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| 3) Who is to be insured? | |
| <u>First Insured Person</u> | <u>Additional Insured Person (if required)</u> |
| Relationship to Applicant? | Relationship to Applicant? |
| Full Name | Full Name |
| Title (Mr, Mrs, Miss, other) | Title (Mr, Mrs, Miss, other) |
| Date of Birth | Date of Birth |
| Does this person have <ul style="list-style-type: none"> <input type="radio"/> any medical conditions <input type="radio"/> a hazardous occupation <input type="radio"/> any hazardous leisure pursuits <p>If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-</p> | Does this person have <ul style="list-style-type: none"> <input type="radio"/> any medical conditions <input type="radio"/> a hazardous occupation <input type="radio"/> any hazardous leisure pursuits <p>If so please list and complete the relevant specific form / questions for that condition / occupation / pursuit:-</p> |

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| 4) Confirming your Enquiry | | | |
| Would you like Pulse to communicate with you in the future? (after helping you with this enquiry) <ul style="list-style-type: none"> <input type="radio"/> Yes, please <input type="radio"/> No, thank you | | | |
| Please indicate any further, relevant information or detail any questions you may have? | | | |
| Signed (client or IFA): | | Date: | |

High BMI (Body Mass Index) questions

Has your weight changed recently and if so, how?

Do you suffer from any conditions in relation to your previously low weight? Please give details below or enter NO.

Have you consulted any specialists or attended clinics in relation to your weight / condition?

- No
- Yes
- Not yet, but I plan to

How are you currently being treated? Please give details including the name and dosage of any medication you are taking.

Have you had any surgery, e.g. a gastric band operation or is any planned? If so, please give details or enter NONE.

Is there anything else other than your medical conditions that might be relevant e.g. a hazardous occupation, workplace or country / location or higher risk pastimes / hobbies?

- No
- Yes (Please complete the specific forms for your occupation or pastime/hobby)

Core questions

What is your occupation?

What is your height? (in metres or feet & inches)

What is your weight? (in Kilograms or Stone/lbs.)

Have you smoked in the last 12 months? Please note, smoking includes the use of any form of tobacco, nicotine products or e-cigarettes, even if the e-cigarettes contain no

nicotine.

- I have never smoked or used nicotine products
- I used to smoke or use nicotine products, but ceased completely MORE than 12 months ago
- I used to smoke or use nicotine products, but ceased completely LESS than 12 months ago
- I am a smoker / I use nicotine products (or have been in the last 12 months)

If you are an ex-smoker or currently smoke or use nicotine products - how much do/did you smoke/vape/use and if relevant, when did you stop?