

Individual Protection

Data Capture Form

Life Insurance and Life Insurance plus Critical Illness

Information for the intermediary

This form is intended to help you ask your client the right questions so you can later enter that information into our Quotation Extranet. It's not possible to replicate all the online questions here so if your client has a health or lifestyle issue you may have to contact them again to ask more questions. The online application automatically saves your inputs so that you can complete it later. As well as the standard questions we have provided five additional question sets for the most common medical conditions and hazardous pursuits. We've also given a page for you to record further additional information.

In the online journey you will be asked to confirm that you are acting on your client's behalf as an agent, have gained their consent to their information being collected, that you have readout the underwriting questions clearly to each client and accurately captured their answers in the online application.

The question set is written as if you are asking the client the questions, in the same way that our online system asks them. Please note some questions in this document have a different order from the online questions.

Information for each customer

Important: The customer must read this section or the adviser must read it to the customer.

This data capture form requires you to answer some personal questions about your health and lifestyle. Please make sure you understand the questions and ask for clarification or more information if you don't understand them. You must answer all the questions completely and accurately using up-to-date information.

Your adviser will transfer this information into our online application system. If you go ahead and purchase a policy we will send you a document showing the health and lifestyle answers that your adviser has entered into our online system. You must check these are correct and let us know if they are not. We rely on the information you give to work out whether we can offer you cover and if so, what price it will be. If the information entered into our online system is not complete, accurate and up-to-date, your cover may be affected. For example we may cancel your policy or we may not pay out in the event of a claim.

You do not need to tell us about any genetic test that you have had for a medical condition running in your family, unless the test was for Huntington's disease and the total life insurance you will be insured for with all life insurance companies, including this application, is over £500,000.

However, you must tell us about any medical condition, including a genetically inherited condition, where you are experiencing symptoms or having treatment, or where you have a family history of the condition.

Where an application is being made for two people, then each person must answer the questions aimed at them.

Existing advisers

Visit



Login to our Quotation Extranet at individual.canprotect.co.uk to input the application online.

New advisers

By email

ipp.agency@canadalife.co.uk



We will set you up with a Username and Password when you have been authorised.



Please note that this form cannot be used for the CanProtect Whole of Life product.



For data capture only. This is not an application form.

Individual Protection Data Capture Form

Data Protection

Important: The customer must read this section or the adviser must read it to the customer

Canada Life uses the information provided in accordance with our Data Protection Notice. We do not use the information for marketing purposes without your express permission.

Please refer to the Data Protection Notice on page 25 for more details on how we use personal information.

We use a technology company called UnderwriteMe Limited to process the information online to provide our insurance quotes. This enables us to make quicker decisions using an 'automated decision-making tool' to determine if we can provide cover and at what price.

The customer must confirm that they are happy to proceed.

If the customer has read this statement and the information on the first page, and they are happy to proceed, then the adviser can confirm this on the Declarations Page within the Quotation Extranet.

Before you start

Canada Life does not obtain doctor reports to find out more information about an applicant's existing medical condition(s); if your client has an existing serious condition, we won't be able to insure them.

Examples of these are:

- Cancer
- Heart disease
- Stroke
- Neurological conditions such as Multiple Sclerosis, Motor neurone disease and Parkinson's disease

These are the most common, but not the only, reasons for declining cover. We are unlikely to be able to insure someone with:

- any severe condition; or
- any condition where the prognosis is unknown; or
- where the underlying cause is still under investigation.



Essential information about dates

For the medical and lifestyle questions we often ask for dates, such as when you last had symptoms. Wherever possible please enter the exact date. If this is not known, enter the month and year.

Where only the year is known this can be used, however a more accurate date may result in a better outcome.

Section 1

Product details

We have included space for 2 quotations. If you want further variations then please record these separately or on page 24. For joint life applications cover must be for a set number of years rather than to a specific age.

	Quotation A			Quotation B		
Type of product	Life Insurance only Life plus Critical Illness			Life Insurance only Life plus Critical Illness		
Amount of cover	£			£		
How long is the policy to last? Maximum policy term is 40 years Maximum age is 85 for Life insurance only or 70 if Critical Illness is included	For years or to age			For years or to age		
Is the cover to decrease, stay the same (level), or increase over the policy term?	Decreasing Level Increasing			Decreasing Level Increasing		
Who is this policy for? This should correspond with Life 1 and Life 2 in the rest of the document	Life 1	Life 2		Life 1	Life 2	
Do you want to add Waiver of Premium ¹ ?	No	Life 1	Life 2	No	Life 1	Life 2
Do you want to add Total and Permanent Disability ² ?	No	Life 1	Life 2	No	Life 1	Life 2

- 1 Waiver of Premium is an optional benefit that can only be added at the start of the policy. If an insured person is unable to do their normal occupation we will waive their premiums after a 13 week deferred period, until they can work again. Adding this benefit will increase the premiums slightly.
- 2 Total and Permanent Disability is an optional benefit for Life Insurance plus Critical Illness policies and can only be added at the start of the policy. This cover will pay the full benefit if an insured person meets our definition of incapacity. Adding this benefit will increase the premiums.

Section 2

Name and contact details

	Life 1		Life 2	
Title				
First name				
Last name				
Gender				
Date of birth				
Have you smoked, used tobacco, nicotine patches or e-cigarettes in the last 12 months?	Yes	No	Yes	No
Customer address				
Postcode				
Customer contact number				
Customer email address				

A policy pack will be sent to the customer address within a few days of the online application journey being completed. This may be days or weeks before the actual policy start date if a future start date has been used.

The address entered should be the one where the customer can receive the policy pack when it is issued. Please bear this in mind if the customer is moving home. The home address can always be changed at a later date.

Section 3		Personal information					
	Life 1			Life 2			
How tall are you?	Feet	Inches or	Metres	Feet	Inches or	Metres	
How much do you weigh? For pregnant women this should be weight before pregnancy.	St	lbs or	Kgs	St	lbs or	Kgs	
What is your job? This needs to be your main job - the one you spend the most time doing.							
If your job involves any of the following duties or working environments please give details. <ul style="list-style-type: none"> Working at heights. Please specify maximum height. Flying other than as a fare paying passenger on a commercial airline General labouring, using heavy machinery Diving, fishing, merchant marine Oil or natural gas production Armed forces (including reserves) Mining, tunnelling, quarrying 							
Are you currently off work, working reduced hours or have you altered your duties due to sickness or injury?	Yes	No		Yes	No		

Please answer either the non-smoker or smoker questions, as selected on page 3.

Non-smoker		
Which one of these best describes you?		
I've never smoked		
I used to smoke, but stopped over a year ago		
I've smoked in the last year, but not every day		
I've vaped or used e-cigarettes in last year		
I've used other nicotine replacement products in the last year		
If you have smoked in the past, when did you last smoke?		
Smoker	Cigarettes	Cigarettes
How many of these have you smoked on average each day over the last year?	Cigars	Cigars
For other tobacco include weight in grams.	Other tobacco (grams)	Other tobacco (grams)
Have you used any other nicotine replacement products or e-cigarettes within the last year?	Yes	No
If you don't currently smoke tobacco products, when did you last smoke?		

Section 4**Family history**

Have your birth parents, brothers or sisters had any of the following conditions before they were 65?

You don't need to tell us if your family member was 65 or older when they first had their condition.

If no family members, tick 'No'. If yes, please give age of diagnosis next to Father, Mother, Brother, Sister. **For example, if a brother had a heart attack at age 35 write B 35**. If you don't know then leave blank and tick 'Don't know'

	Life 1					Life 2				
Heart attack, angina or stroke	No	F	M	B	S	No	F	M	B	S
Cardiomyopathy	No	F	M	B	S	No	F	M	B	S
Diabetes	No	F	M	B	S	No	F	M	B	S
Bowel cancer or bowel polyps	No	F	M	B	S	No	F	M	B	S
Breast or ovarian cancer	No		M		S	No		M		S
Any other cancer	No	F	M	B	S	No	F	M	B	S
Muscular dystrophy, Huntington's disease or motor neurone disease	No	F	M	B	S	No	F	M	B	S
Multiple sclerosis, Parkinson's disease or Alzheimer's disease	No	F	M	B	S	No	F	M	B	S
Polycystic kidney disease	No	F	M	B	S	No	F	M	B	S
I don't know about any of these	Don't know					Don't know				

Section 5**Mental health**

Have you ever had any of these?

	Life 1		Life 2	
Eating disorder	Yes	No	Yes	No
Bipolar disorder	Yes	No	Yes	No
Manic depression	Yes	No	Yes	No
Schizophrenia	Yes	No	Yes	No
Psychosis	Yes	No	Yes	No

In the last 5 years, have you ever had any of these?

Depression	Yes	No	Yes	No
Anxiety	Yes	No	Yes	No
Stress	Yes	No	Yes	No
Any other mental condition not mentioned before in this section?	Yes	No	Yes	No

Section 5**Mental health – continued****Have you ever?**

	Life 1		Life 2	
Tried to take your own life	Yes	No	Yes	No
Had thoughts about taking your own life	Yes	No	Yes	No
Intentionally harmed yourself	Yes	No	Yes	No
Had thoughts about harming yourself	Yes	No	Yes	No

Section 6**Physical health****Have you ever had any of these?**

Cancer, cancer-in-situ, leukaemia, Hodgkin's disease or any other tumour	Yes	No	Yes	No
Heart attack, irregular heartbeat, cardiomyopathy, valve disorder or any other heart condition or heart surgery	Yes	No	Yes	No
A stroke, Transient Ischaemic Attack (TIA), brain haemorrhage or damage or surgery to your brain	Yes	No	Yes	No

If you have answered yes to any of the above questions it is unlikely that we will be able to provide cover (See page 2 – Before you start)

Multiple Sclerosis, epilepsy, Parkinson's or any disorder of the brain or nervous system	Yes	No	Yes	No
Alzheimer's or any other form of dementia	Yes	No	Yes	No
A positive test, or are you waiting on the results of a test for HIV, AIDS or hepatitis B or C	Yes	No	Yes	No

If you have answered 'yes' to either of the last four questions please give further information in the Additional Medical Information in section 8.1, on page 9.

Section 6.1**Physical health in last 5 years**

In the last 5 years have you had any of these?

If you answer 'yes' to any question please complete the 'Additional medical information' in section 8.1. Where an asterisk is shown you should complete the relevant specific medical questions in section 8.2 instead.

	Life 1		Life 2	
Raised blood pressure *	Yes	No	Yes	No
Raised cholesterol *	Yes	No	Yes	No
Chest pain	Yes	No	Yes	No
Diabetes * or raised blood sugar	Yes	No	Yes	No
Anaemia, blood clot or anything else affecting your blood	Yes	No	Yes	No
A growth, lump or cyst	Yes	No	Yes	No
Asthma*, sleep apnoea or anything else affecting your lungs or breathing	Yes	No	Yes	No
Crohn's, colitis, IBS, or anything else affecting your stomach, bowel or digestive system	Yes	No	Yes	No
Kidney stones, urinary infection or anything else affecting your kidneys, bladder or urine	Yes	No	Yes	No
Males: Anything affecting your prostate	Yes	No	Yes	No
Females: An abnormal cervical smear or any other gynaecological disorder that has required regular follow-up	Yes	No	Yes	No
Anything affecting your liver or pancreas	Yes	No	Yes	No
Back pain, sciatica, whiplash or anything else affecting your back or neck	Yes	No	Yes	No
Arthritis, gout or anything else affecting your bones, joints, ligaments, tendons or muscles	Yes	No	Yes	No
Numbness, pins and needles, muscle weakness, tremor or difficulty with co-ordination	Yes	No	Yes	No
Tinnitus, labyrinthitis, or anything else affecting your ears, hearing or balance	Yes	No	Yes	No
Impaired, blurred or double vision, optic neuritis or anything else affecting your eyes	Yes	No	Yes	No
Chronic fatigue syndrome, ME, fibromyalgia or persistent tiredness	Yes	No	Yes	No

Section 7**Mental and physical health in the last 3 years**

Have any of these applied to you in the last 3 years?

You don't need to include things you have already told us about. If you answer 'yes' to any question please complete the 'Additional medical information' in section 8.1.

	Life 1		Life 2	
Have you taken or been prescribed treatment for 4 weeks or more?	Yes	No	Yes	No
Have you been asked to attend a follow-up or regular review with a GP, hospital or clinic?	Yes	No	Yes	No
Have you been advised to see a specialist to have any tests, scans, investigations or counselling?	Yes	No	Yes	No

Section 8**In the last 3 months**

Have you had any of these in the last 3 months, even if you haven't seen a doctor?

You don't need to include things you have already told us about. If you answer 'yes' to any question please complete the 'Additional medical information' in section 8.1.

	Life 1		Life 2	
Any growth, lump or hardening affecting either Males: testicle Females: breast	Yes	No	Yes	No
Bleeding from the bowel or change in bowel habit	Yes	No	Yes	No
A cough lasting more than 3 weeks	Yes	No	Yes	No
A fit or seizure	Yes	No	Yes	No
A mole or skin blemish which has changed in appearance	Yes	No	Yes	No
If you have answered yes to any of these have you seen a doctor about all symptoms? Please note that if the customer has not yet seen their GP, or is still under investigation, waiting for referral or waiting for surgery, we will be unable to consider cover at this time.	Yes	No	Yes	No

If you have answered 'yes' to either of the last two questions please give further information in the Additional Medical Information in section 8.1.

Section 8.1 Additional medical information

Condition 1	Life 1	Life 2
What is the condition?		
When did your symptoms first start?		
When did you last have symptoms?		
How often do you have symptoms?		
Are you currently receiving treatment such as medication or specialist appointments?	Yes No	Yes No
Are you waiting for any investigations, operation or the results of any tests or investigations?	Yes No	Yes No
How many days off work have you taken in relation to this condition?		
Are you fully recovered?	Yes No	Yes No

If there is any further information you would like to provide in relation to this condition, please go to Additional information on page 24.

Condition 2	Life 1	Life 2
What is the condition?		
When did your symptoms first start?		
When did you last have symptoms?		
How often do you have symptoms?		
Are you currently receiving treatment such as medication or specialist appointments?	Yes No	Yes No
Are you waiting for any investigations, operation or the results of any tests or investigations?	Yes No	Yes No
How many days off work have you taken in relation to this condition?		
Are you fully recovered?	Yes No	Yes No

If there is any further information you would like to provide in relation to this condition, please go to Additional information on page 24.

If you have more than 2 conditions please use page 24 to provide the answers.

Additional information may be required about your condition to complete the online application.

Section 8.2**Specific medical conditions**

High Blood Pressure	Life 1		Life 2	
Are you awaiting a hospital referral or investigations for this condition?	Yes	No	Yes	No
Have you had any of the following? <ul style="list-style-type: none"> • Kidney problems or protein in your urine • Angina, heart attack, stroke, transient ischaemic attack (TIA) or blocked or narrowed arteries in your legs • An Electrocardiogram (ECG) or heart test that was abnormal or needed further investigation • Chest pain that required attendance at an A&E department, clinic or hospital • Eye problems as a result of your condition 	Yes	No	Yes	No

If you have answered yes to either of the questions above we will not be able to provide cover.

Are you currently on prescribed treatment to control your blood pressure?	Yes	No	Yes	No
When was your blood pressure first noticed to be raised?				
What is your most recent blood pressure reading?	Top figure Bottom figure		Top figure Bottom figure	
If you don't know your blood pressure reading, did your doctor or nurse tell you whether your last blood pressure reading was high, normal or low?	High – needs to be reduced Satisfactory but slightly raised Normal Low Don't know		High – needs to be reduced Satisfactory but slightly raised Normal Low Don't know	
If you are on treatment, what was the outcome of your last review?	Increase treatment Maintained treatment Stopped treatment Review within 6 months Review after 6 months Discharged from follow-up Referred to a specialist		Increase treatment Maintained treatment Stopped treatment Review within 6 months Review after 6 months Discharged from follow-up Referred to a specialist	

Please provide as much information as you can on page 24.

Additional information may be required about your condition to complete the online application.

Section 8.2**Specific medical conditions – continued**

High Cholesterol	Life 1		Life 2	
Are you awaiting a hospital referral or investigations for this condition?	Yes	No	Yes	No
Have you had any of the following? <ul style="list-style-type: none"> • Kidney problems or protein in your urine • Angina, heart attack, stroke, transient ischaemic attack (TIA) or blocked or narrowed arteries in your legs • An Electrocardiogram (ECG) or heart test that was abnormal or needed further investigation • Chest pain that required attendance at an A&E department, clinic or hospital • Eye problems as a result of your condition 	Yes	No	Yes	No

If you have answered yes to either of the questions above we will not be able to provide cover.

When was your cholesterol first noticed to be raised?				
Are you currently on prescribed treatment to control your cholesterol?	Yes	No	Yes	No
What was your last cholesterol reading? If you don't know your cholesterol reading did your doctor or nurse tell you whether your last cholesterol reading was high, normal or low?	High – needs to be reduced Satisfactory but slightly raised Normal Low Don't know		High – needs to be reduced Satisfactory but slightly raised Normal Low Don't know	
If you are on treatment, what was the outcome of your last review?	Increase treatment Maintained treatment Stopped treatment Review within 6 months Review after 6 months Discharged from follow-up Referred to a specialist		Increase treatment Maintained treatment Stopped treatment Review within 6 months Review after 6 months Discharged from follow-up Referred to a specialist	

Please provide as much information as you can on page 24.

Additional information may be required about your condition to complete the online application.

Section 8.2**Specific medical conditions – continued**

Asthma	Life 1	Life 2
When did you have your first symptoms of asthma?		
When did you last experience asthma symptoms?		
Have you stayed overnight in hospital due to your asthma?	Yes No	Yes No
If yes, what is the date of your most recent hospital stay?		
In the last 2 years how regularly have you had asthma attacks that have not been relieved by your inhaler?	None Less than once a month Once a month Once a week More than once a week Continuously	None Less than once a month Once a month Once a week More than once a week Continuously

Additional information may be required about your condition to complete the online application.

Section 8.2

Specific medical conditions – continued

Mental health (including stress, anxiety and depression)**Answer the questions for the mental health condition only, not any physical illness or condition.**

	Life 1		Life 2	
Apart from any regular appointments, are you waiting, or have you been advised, to see a specialist?	Yes	No	Yes	No
Who have you visited regarding this condition in the last 5 years? For example GP, Psychiatrist, Counsellor				
When did you first have symptoms?				
When were your last symptoms?				
How many separate episodes of symptoms have you had? (An episode is a period of time where you have symptoms. It ends when you haven't had symptoms for 6 months or more.)				
In the last 5 years, how many days have you taken off work because of this? If you don't work, on how many days have you found your normal daily tasks difficult to perform?				
When did you last take time off work because of this? If you don't work, when did you last find your normal daily tasks difficult to perform?				
Are you taking prescribed medicine?	Yes	No	Yes	No
If so, how many different medications are you currently prescribed for this?				
Have you been prescribed medicine in the past but not anymore?	Yes	No	Yes	No
When did you last take prescribed medication?				
During the last year has there been any change to your medication? For example, start, increase, reduce, change or no change to medication				
Have you ever stopped taking prescribed medication without being told to do so by a doctor or nurse?	Yes	No	Yes	No
Are you having therapy? (For example CBT, counselling or psychotherapy)	Yes	No	Yes	No
Are you waiting to have therapy?	Yes	No	Yes	No
Have you had therapy in the past but not anymore?	Yes	No	Yes	No
When did you last have therapy?				
Have you ever taken an overdose of drugs, attempted suicide, attempted to harm yourself or had any thoughts or intention to do so?	Yes	No	Yes	No
If so, how many times have you taken an overdose, attempted suicide, self-harmed or had suicidal feelings?				
If so, what was the approximate date of your most recent overdose, suicide attempt, self-harm or suicidal feeling?				
How does the condition affect your daily life? For example: no impact, minor impact, major impact				

Additional information may be required about your condition to complete the online application.

Section 8.2 Specific medical conditions – continued

Diabetes	Life 1		Life 2	
Are you awaiting a hospital referral or investigations for this condition?	Yes	No	Yes	No
Have you had any of the following? <ul style="list-style-type: none"> • Kidney problems or protein in your urine • Angina, a heart attack, a stroke, a transient ischaemic attack (TIA) or blocked or narrowed arteries in your legs • An Electrocardiogram (ECG) or heart test that was abnormal or needed further investigation • Chest pain that required attendance at an A&E department, clinic or hospital • Eye problems as a result of your condition 	Yes	No	Yes	No

If you have answered yes to either of the questions above we will not be able to provide cover.

What type of diabetes do you have?				
Except when first diagnosed, have you been admitted to hospital as a result of your diabetes?	Yes	No	Yes	No
When was your diabetes diagnosed?				
What was your last Hba1c reading?				
When was your last diabetic review?				
At your last diabetes review what did your doctor or nurse tell you about the control of your diabetes?	Very good Satisfactory Could be improved Poor Don't know		Very good Satisfactory Could be improved Poor Don't know	

Additional information may be required about your condition to complete the online application.

Section 9**Sports and pastimes**

Are you involved with any of these?	Life 1		Life 2	
	Yes	No	Yes	No
Armed forces (including reserves)	Yes	No	Yes	No
If yes, are you currently deployed outside of the UK, or awaiting a new deployment outside of the UK? This includes being on standby or on notice	Yes	No	Yes	No
Scuba or other diving*	Yes	No	Yes	No
Private flying*	Yes	No	Yes	No
Gliding or parachuting	Yes	No	Yes	No
Motor car or motorcycle sport*	Yes	No	Yes	No
Mountaineering or rock climbing*	Yes	No	Yes	No
Sailing at sea*	Yes	No	Yes	No
Powerboat racing	Yes	No	Yes	No
Martial arts or combat sports	Yes	No	Yes	No
Off-piste snow sports	Yes	No	Yes	No
Competitive horse riding	Yes	No	Yes	No
Professional or semi-professional sport	Yes	No	Yes	No

If you have answered 'yes' to any question, please complete the relevant question set in section 9.1, or the 'Other pursuits' questions in Section 9.2.

If not, continue to Section 10 on page 19.

Additional information may be required about your sport or pastime to complete the online application.

Section 9.1**Specific pursuits information**

Aviation	Life 1		Life 2	
What type of aircraft do you fly?				
Was this a one-off lesson or trip, with no expectation of flying in the future, except as a passenger on a commercial airline?	Yes	No	Yes	No
Do you fly purely for recreational purposes?	Yes	No	Yes	No
Have you ever had an aviation accident, air safety violation or had your licence revoked?	Yes	No	Yes	No
Do you participate or intend to participate in any additional activities in association with your aviation? For example stunt or aerobatics, racing, record attempts, competitions, ex-military aircrafts or prototype/test flying.	Yes	No	Yes	No
	If yes, please give full details on page 24		If yes, please give full details on page 24	
What type of licence do you hold?				
How many hours do you usually fly each year?				
Diving				
What type of diving do you participate in? For example, scuba diving, free dives, snorkelling, try dives.				
What level of diving certification do you hold?				
What is the maximum depth to which you usually dive (in metres)?				
Are you a current British Sub Aqua Club (BSAC) member, or equivalent?	Yes	No	Yes	No
Do you always dive with a buddy?	Yes	No	Yes	No
Do you participate in any additional activities in association with your diving? For example wreck diving, ice diving, cave diving, record attempts	Yes	No	Yes	No
	If yes, please give full details on page 24		If yes, please give full details on page 24	

Additional information may be required about your sport or pastime to complete the online application.

Section 9.1**Specific pursuits information – continued**

Motorcar or motorcycle racing	Life 1		Life 2	
Was this a one off event, with no expectation of motor racing in future, or is your involvement limited to occasional track or experience days?	Yes	No	Yes	No
Is your involvement limited to marshalling only?	Yes	No	Yes	No
Do you take part in motor racing on a professional basis?	Yes	No	Yes	No
What type(s) of motor sport and categories do you participate in?				
Do you compete outside the UK?	Yes	No	Yes	No
Please give details of the type and average number of events you enter each year, number of years of experience you have, type of vehicle and engine size, and any accidents or injuries suffered as a result of this activity. More space is available on page 24				
Mountaineering/rock climbing				
Do you climb as a professional?	Yes	No	Yes	No
What type of climbing do you do? For example hill climbing, trekking, rock climbing, mountaineering, ice climbing				
Do you participate, or intend to participate, in any special activities? For example expeditions or record attempts. mountaineering, ice climbing	Yes	No	Yes	No
If yes, please give details				
What is the maximum grade that you climb?				
Where have you climbed, or do you intend to climb? If you climb outside the UK, please specify the locations.	UK only Outside UK		UK only Outside UK	

Additional information may be required about your sport or pastime to complete the online application.

Section 9.1 Specific pursuits information – continued

Sailing at sea	Life 1		Life 2	
Do you take part in any record attempts?	Yes	No	Yes	No
Do you take part in any racing?	Yes	No	Yes	No
If yes, do you take part in offshore category 1 (long races, well away from shore) or category 2 racing (extended races close to the shore or in large bays or lakes)?	Yes	No	Yes	No
If no, which do you take part in: inshore, coastal or ocean sailing? Tick all which apply.	Inshore Coastal Ocean		Inshore Coastal Ocean	
Do you take part in any single handed offshore sailing?	Yes	No	Yes	No
How many crew members do you usually sail with?				
What type of vessel do you sail?				
How many years sailing experience do you have?				
Have you had any accidents or injuries as a result of your sailing?	Yes	No	Yes	No

Section 9.2 Other pursuits information

	Life 1		Life 2	
<p>Please give more details of the type of pursuit, the average number of times you do it each year, and the experience or qualifications that you have.</p> <p>You should also include whether you participate, or intend to participate, in any special activities in connection with your pursuit.</p> <p>This could include racing, going overseas, making record attempts or using modified equipment.</p> <p>Please continue on page 24 if there is not enough space here.</p>				

Additional information may be required about your sport or pastime to complete the online application.

Section 10

Driving and travel

	Life 1		Life 2	
Have you been banned from driving or convicted of dangerous or careless driving in the last 5 years?	Yes	No	Yes	No
Do you ride a motorbike or scooter or moped on the road?	Yes	No	Yes	No
If you use a motorbike, what is the capacity in cc of the biggest motorcycle you have ridden on the road in the last 12 months?	cc		cc	
Have you lived, worked or travelled outside the UK or EU in the last 5 years, or do you have any plans to do so? You don't need to tell us about holidays that last less than 30 days or business trips of up to one week in length that total less than 4 weeks in any year (this also applies to the questions below).	Yes	No	Yes	No
If yes, answer these questions: FUTURE TRAVEL Which countries do you expect to visit? Write down the country names, ignoring any EU countries and the number of months you expect to spend there in the next year.				
PAST TRAVEL Which countries did you visit or live in? Write down the country names, ignoring any EU countries.				

Section 11 Drinking and drugs

How many of these do you drink in a typical week?	Life 1		Life 2	
Pints of beer, lager or cider				
Glasses of wine				
Measures of spirits				
Other alcoholic drinks				
Have you ever been advised by a medical professional to cut down or stop drinking alcohol?	Yes	No	Yes	No
If yes, what advice or treatment were you given?				
When did you get the advice or treatment?				
Have you ever been referred for alcohol or drug specialist support such as Alcoholics or Narcotics Anonymous?	Yes	No	Yes	No
Have you used recreational or illegal drugs in the last 10 years?	Yes	No	Yes	No
If yes, what type(s) of drugs? For example heroin, cocaine, marijuana, ecstasy, amphetamines, anabolic steroids				
Number of times used per month?				
When did you last use drugs?				
Have you injected drugs?	Yes	No	Yes	No
If you have answered yes to any of the above questions please give further details here				

Section 12

Your total cover

You need to tell us what your total life insurance and critical illness cover will be if this application is accepted. We don't need to know about any cover provided through your employer or cover that is going to be cancelled when this cover is put in place. If you have a policy that includes both life insurance and critical illness cover please answer as if they are separate policies.

Life insurance	Life 1		Life 2	
	Yes	No	Yes	No
Do you already have life insurance?				
If yes, which insurance company(s) and how much cover do you have with them? Enter name of insurer and amount of cover	Insurer 1		Insurer 1	
	£		£	
	Insurer 2		Insurer 2	
	£		£	
What is the total amount of life insurance you will have in place including this application? This means the total of any existing cover which will continue in force (with Canada Life and any other insurer) plus the amount of cover you are applying for.	£		£	

Critical illness cover

	Life 1		Life 2	
	Yes	No	Yes	No
Do you already have critical illness insurance?				
If yes, which insurance company(s) and how much cover do you have with them? Enter name of insurer and amount of cover	Insurer 1		Insurer 1	
	£		£	
	Insurer 2		Insurer 2	
	£		£	
What is the total amount of critical illness cover you will have in place including this application? This means the total of any existing cover which will continue in force (with Canada Life and any other insurer) plus the amount of cover you are applying for.	£		£	

Section 13 Doctor details		
	Life 1	Life 2
Doctor's name		
Surgery name		
Surgery address		
Postcode		
Surgery telephone number		

Section 14 Payment details			
	Life 1	Life 2	
Who is the bank account holder?			The bank account holder must be the insured person. For joint life policies it can be one or both insured people. The adviser should ensure the correct bank details are input online.
Sort Code			
Account number			

We only accept payments by Direct Debit. The adviser must have the customer(s) agreement to enter this information online to purchase a policy.

Please pay Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this instruction may remain and, if so, details will be passed electronically to my bank/building society.

This instruction will be subject to the Direct Debit Guarantee.

If you submit this application, the same person/s selected will be shown as paying for all products applied for. If you would like a different person to pay for each product, please contact Canada Life to change this after the application has been submitted.

What is the payment frequency?	Monthly Annually	The start date can be up to 90 days after the online application has been completed (30 days if we apply non-standard terms).
Start date		
Which day of the month do you want payment to be taken from your bank account?		The payment day must be in the range 1 to 28. It does not have to be the same day as the start date.

Section 15 Declaration and consents

Please read these statements carefully as they contain important information.

If you do not understand anything, please ask your intermediary or a professional financial adviser to explain or give you more information.

If you buy a policy we will send you these wordings as a record of what you have agreed.

Declarations

- I have answered all the questions honestly and have taken reasonable care to ensure my answers are correct. I understand that if I have not answered the questions honestly or correctly, Canada Life may cancel my policy or not pay a claim.
- If I later find that any answer to a question or other information given was not correct, I will let Canada Life know at once. I understand that Canada Life may ask for further details and may alter the terms or price of the policy or cancel my cover.
- Canada Life has not given me any advice on the suitability of the policy. My adviser (where relevant) is responsible for deciding whether a policy meets my demands and needs.
- I have read the Key Facts document and understand:
 - the main terms of the policy and when it will pay out.
 - that there are limits on the maximum amount of cover. These may affect how much more cover I can buy from Canada Life in the future.
- I am a UK resident. (This does not include the Channel Islands and the Isle of Man).

Consents

- I consent to Canada Life processing my personal data (including medical information) for the purposes of providing me with a quotation, setting up and administering my policy and assessing any claims.
Canada Life will process your personal information in accordance with its Data Protection Notice. This applies to all the products that we offer, including annuities and investments. The main points relevant to protection policies are summarised in the Key Facts document, also available on our website, www.canadalife.co.uk.
- I agree to provide the details of my doctor and consent to my doctor giving medical information to Canada Life to confirm the information in the application or to support any claim I make (or which is made for me).

	Life 1		Life 2	
You have read and agreed to the statements above	Yes	No	Yes	No

Section 16 Marketing preferences

Canada Life does not currently market directly to customers. When you get to this section of the online application, please tick ‘No’.

Section 17 What happens next

The adviser must now enter this information online into our Quotation Extranet. The Accidental Death Benefit starts when the information is input.

Further information or medical tests may be required during the underwriting process.

The policy cannot start until the online application has been accepted by Canada Life. The policy start date must be on or after the date of online activation.

Additional information

Please use this page to give additional information about any health or lifestyle matter where indicated.

Data Protection Notice (DPN)

Canada Life Limited (referred to as 'Canada Life', 'we', 'us' or 'our' in this DPN) takes its privacy obligations very seriously. Any personal information provided to us, as data controller, by a policyholder, joint policyholder, employer policyholder, trustee, insured person, beneficiary, claimant or member (referred to as 'you' or 'your' in this DPN), will be treated in accordance with the Data Protection Act 2018.

Using personal information

We use personal information to undertake activities relating to the setting up, administration and renewal of our policies, products and services. This includes processing applications and handling any claims. For the majority of our business we will rely on the performance of our contractual arrangements with you as the legal basis for processing.

We do not use policyholder or member personal data for marketing purposes and we do not make your personal information available to third parties for the purpose of direct marketing.

The nature of our business is to provide investments, life and pensions cover, critical illness, income protection and employer related group products. To do this we need to use the personal information provided to carry out analysis of actuarial risks (risks of gains or losses), mortality and morbidity risks and pricing. This will be carried out in accordance with the Institute & Faculty of Actuaries' data handling protocols.

We use underwriting software to process some applications and quotations which will use an element of automated decision making. Exceptionally, we may rely on our legitimate interests to process your personal data. When we do, we will demonstrate compelling legitimate grounds for doing so.

Sharing personal information

We share personal information only on the basis of the purposes for which it was collected. This notice is intended to illustrate the instances where data may be shared. However, we will share your data only for the limited and compatible purposes for which it was originally obtained:

- with other Canada Life group companies including those outside the European Economic Area (EEA);
- with any of our service providers, reinsurers and / or regulators;
- with other insurers and government agencies, including without limitation Her Majesty's Revenue and Customs (HMRC) and Department of Work and Pensions (DWP);
- in order to prevent, detect or investigate financial crime including fraud or other criminal activity, we may share your data with other companies (including private investigators), organisations (including fraud prevention agencies and databases), public bodies (including the police) and associations and credit reference agencies;
- we will not share your medical information with anyone other than yourself without your consent. This includes your spouse, other relatives, friends or your legal or financial adviser.
- we will not share non-medical information concerning you with your spouse, other relatives, friends or your legal or financial adviser unless you provide your consent to us in writing;
- for insurance related products, with your own doctor or relevant medical professionals; and/or
- in any circumstances if permitted or required to do so by law or if we have your consent to do so.

International Transfers

Given the global nature of our business, we use third party suppliers and outsourced services (including cloud based services), which can require transfers of personal information outside of the EEA. In doing so, we ensure that there are appropriate contractual arrangements and we will choose only those organisations with strict controls in place, via appropriate organisational and technical measures in place to protect your personal information.

Retention of your personal data

We will keep your personal data only for so long as is necessary and for the purpose for which it was originally collected. In particular, for so long as there is any possibility that either you or we may wish to bring a legal claim under this insurance, or where we are required to keep your personal data due to legal or regulatory reasons.

YOUR RIGHTS AND CONTACT DETAILS OF THE INFORMATION COMMISSIONER'S OFFICE (ICO)

You may have the right to require us to:

- provide you with further details on the use we make of your personal information or your special categories of data;
- provide you with a copy of the personal information that you have provided to us or which we hold;
- update any inaccuracies in the personal information we hold;
- delete any special category of data or personal information for which we no longer have lawful grounds to use;
- cease processing of your personal information that is based on consent, by withdrawing your consent to that particular processing;
- cease any processing based on legitimate interests grounds, unless our reasons for undertaking that processing outweigh any prejudice to your data protection rights; and
- restrict how we use your personal information whilst a complaint is being investigated

In certain circumstances, we may need to restrict the rights listed above in order to safeguard the public interest (e.g. the prevention or detection of crime) and our interests (e.g. the maintenance of our legal responsibilities).

Data Protection Officer (DPO)

If you have any questions, or complaints, in relation to our use of your personal information, you should first contact our DPO, on the details below:

Canada Life Limited, Canada Life Place, Potters Bar, Hertfordshire, EN6 5BA or by email at: dpo@canadalife.co.uk.

In the unlikely event that you are dissatisfied with our response, you have the right to take the matter up with the Information Commissioner's Office (ICO), whose address is:

**Information Commissioner's Office,
Wycliffe House, Water Lane,
Wilmslow Cheshire, SK9 5AF**

The full version of our DPN can be found on our website, www.canadalife.co.uk or is available upon request by calling 0345 6060708.

This DPN is dated 5th March 2018. Any future updates will be made available as described above.



More information is available on our website: www.canadalife.co.uk/individual-protection

Canada Life Limited, registered in England no. 973271. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. CLFIS (UK) Limited, registered in England no. 04356028 is an associate company of Canada Life Limited. Registered Office: Canada Life Place, Potters Bar, Hertfordshire EN6 5BA. Canada Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

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