Friends Provident International

Application to restart a policy

Your details

Your name

Your address

Policy number

Email

Please answer the following questions fully and accurately. You also need to tell us of anything that would change any of your answers up to the date on which we tell you that we have restarted your cover.

We will assess your request from the information you tell us on this form, so if you answer 'Yes' to any of the questions please provide as much information as possible.

When answering the questions below, you do not need to include the results of any positive genetic tests you have had. However you will still need to provide full details of diagnosis of, or any medical treatment for, any genetically inherited condition.

Failure to give accurate and complete answers may result in non payment of a claim.

Please briefly explain why the premiums were not collected or paid on time:

First arrears date ☐☐ ☐☐ ☐☐☐☐

If you answer Yes to any of the following questions please provide full details on the next page.
Please include all dates of any medical consultations, and the name and address of the doctor concerned.

Your health

1 Since the first arrears due date above:

a Have you had any medical consultation, any medical test, advice or treatment or been referred to a hospital or clinic for any reason? Yes ☐ No ☐

b Have you been prescribed or taken any medicine or drug? Yes ☐ No ☐

2 Are you now:

a Waiting for any medical advice, investigation or test results or expecting to undergo any medical investigation or test? Yes ☐ No ☐

b Intending to seek any medical advice regarding a condition or symptoms that you currently have, or have recently had? Yes ☐ No ☐

Your activities

Since the first arrears due date above:

3 Has your occupation or any of your normal duties changed or do you expect them to? Yes ☐ No ☐
(If Yes please tell us your new occupation and duties including any work at heights over 40ft, aviation, offshore, underground, underwater or with explosives.)

4 Have you started taking part in any hazardous sport or pastimes or do you intend to start? Yes ☐ No ☐
(Mountaineering, motor sport, sub-aqua diving and private flying are examples but you should include any activity that is hazardous. You do not need to include sports such as horse riding, skiing, football, rugby, hockey, cricket or racquet sports.)

5 Have you changed your country of residence or do you intend to reside, work or travel outside of your current country of residence, other than for holidays, within the next two years? Yes ☐ No ☐

Additional information

If you answered 'Yes' to any of the questions please provide full details below. Please include all dates of any medical consultations, name and address of the doctor concerned. Continue on a separate piece of paper if necessary. Failure to include all relevant information accurately may delay the processing of your application.

I declare that, to the best of my knowledge and belief all of the information I have given is true and no fact has been withheld. I understand that failure to disclose accurate information may result in non-payment of a claim and cancellation of the policy.

Signature

Name (block capitals)

Date

Data privacy

We take the responsibility of handling your personal data very seriously and we will only ask you for details required to process your requests to us. Please be aware of our privacy policy – please visit **www.fpinternational.com/legal/privacy-and-cookies.jsp** to view the full policy or this can be provided on request from our Data Protection Officer.

Further information

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