

Over 50s Accident Plan

PROPOSAL FORM



IMPORTANT NOTICE

All questions must be answered in full where appropriate. Please complete all details in black ink and BLOCK CAPITALS and initial any alterations.

You should keep a record of all the information that you supply in connection with this insurance (including copies of letters). A copy of the proposal will be supplied to you if requested within 3 months of its completion.

UNDERWRITERS RESERVE THE RIGHT TO DECLINE ANY PROPOSAL. NO COVER IS IN FORCE UNTIL ACCEPTANCE IS CONFIRMED BY UNDERWRITERS.

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a)	You the proposer's full name(s)	<input type="text" value="Mr/Mrs/Ms/Miss/Other"/>
	Your partner's* full name	<input type="text" value="Mr/Mrs/Ms/Miss/Other"/>
b)	Address Including post code	<input type="text"/>
c)	Date(s) of birth	You: Your partner:
d)	National insurance Number(s)	You: Your partner:

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Requested period of insurance	<input type="text" value="From:"/>	<input type="text" value="To:"/>
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3 Select plan and cover

Individual	<input type="checkbox"/>	Standard Cover £55.00	<input type="checkbox"/>	Super Cover £90.00
Individual & partner *	<input type="checkbox"/>	£100.00	<input type="checkbox"/>	£160.00

* Partner

Husband, wife, civil partner or any other person you are living with as if you were married or were civil partners. (A civil partnership is a formal arrangement giving same-sex partners the same legal status as a married couple).

DATA PROTECTION

The details you have provided will be used by Equity Red Star Services Limited to process your request in accordance with the Data Protection Act 1998 and other applicable laws. We share data with approved organisations for underwriting and fraud prevention purposes. Your data may also be processed outside the European Economic Area. In all instances we take steps to ensure an adequate level of protection is given to your information. In order to assess the terms of an insurance contract or administer claims that arise, we may need to collect data that the Data Protection Act 1998 defines as sensitive (such as medical data or criminal convictions). In order to process your information for the purposes of providing insurance and claims handling, it may be necessary to pass your information to carefully selected third parties and other Group companies. By proceeding with this application you signify your consent to such information being processed in this way.

If you have any queries, please contact the Company Secretariat at: Equity Insurance Group Limited, Library House, New Road, Brentwood, Essex, CM14 4GD.

DECLARATION

I/We have read the Policy Summary document accompanying this proposal form and the plan I/we have selected meets my/our demands and needs. I/we are aged between 50 and 85 years and reside in the United Kingdom.

Equity Red Star is not making a personal recommendation based on your individual circumstances that the plan is suitable for your needs and we recommend that you read the Policy Summary and policy carefully.

I/We also declare that if any details or answers on this form have been computer generated or written by another person that person has acted as my/our agent. I/we hereby consent to any information that you may have about me/us being processed by you for the purpose of providing insurance and claims handling, which may necessitate your providing such information to third parties.

Signature(s) of person(s) to be covered by this insurance

You:	Date
Your partner:	Date

This proposal form provides only a summary of the features of the Over 50's accident plan. It is not intended to be read as a full statement of cover. A specimen of the full wording is available on request from your insurance adviser.