

Loss of flying status for military pilot

Proposal form

Important advice to all applicants

All sections of the application form must be fully completed. You should be aware that this insurance is subject to a comprehensive previous medical condition/disability exclusion in relation to all medical/health matters. The full definition of 'previous medical condition/disability' is contained in the terms and conditions which appear in the policy wording, a copy of which can be obtained from Hiscox Global Flying. To ensure that you have the coverage you require and that you understand the scheme limitations, it is recommended that you study the terms and conditions.

You must declare full details of your medical history, including disabilities, illnesses and accidents together with the dates of such occurrences. You should not omit to disclose such details because you have been declared fit or have been told that the results of medical investigations are satisfactory, or because you think or have been advised that they are not relevant or material.

Failure to disclose material information may invalidate this insurance.

Medical history

All details of your medical history must be declared and should not be omitted because you have been declared fit or told that results of medical investigations have been satisfactory, or because you think, or have been advised, that they are irrelevant or immaterial. You should not omit to mention investigations where you have been told that the result is satisfactory. If you have no history to declare state NIL. Failure to disclose material information may invalidate the policy.

Section 1 - Personal information

Surname	<input type="text"/>
First name(s)	<input type="text"/>
Rank	<input type="text"/>
Telephone number	<input type="text"/>
Email	<input type="text"/>
Date of birth	<input type="text"/>
Private address	<input type="text"/>
Unit address	<input type="text"/>
Height	<input type="text"/> cm
Weight	<input type="text"/> kilos
Weight 12 months ago	<input type="text"/> kilos

Section 2

How to select your sum insured:

- | | |
|--|----------------------|
| a. Please state your annual earnings from flying pay which is additional to standard service pay. | <input type="text"/> |
| b. Pilots up to age 49 - please select your sum insured up to a maximum of 4 x your annual flying pay (above) | <input type="text"/> |
| c. Pilots aged 50–54 - please select your sum insured up to a maximum of 2 x your annual flying pay (above) or £50,000, whichever is the lesser. | <input type="text"/> |

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Section 3

All the following questions must be answered:

a. Please state the date you would like the insurance cover to start.

b. What is your branch of service and aircrew category?

c. Are you involved in any hazardous sporting activity? If so please give details:

Section 4

Have you or any relative(s) had investigated, diagnosed or been treated for:
(If Yes, please give full details in section 15)

a. any psychiatric or nervous disorder (including migraine) epilepsy or any other form of convulsion or any loss of consciousness?

Yes No

b. any heart, blood pressure, stroke, circulatory or respiratory disorder?

Yes No

c. any condition involving eyes, ears, nose or throat, alimentary tract or genito-urinary system?

Yes No

d. any disorder of the blood or lymphatic system?

Yes No

e. any condition affecting the bones and/or joints?
(Including spinal conditions)

Yes No

f. any disorder of the skin?

Yes No

g. diabetes?

Yes No

Section 5

Have you ever suffered from any conditions which necessitated hospital attendance, or admission, or diagnosis, or treatment?

Yes No

If Yes, state when and for what reason:

Section 6

Please give dates and full details of any other medical condition, illness or injury which has been diagnosed and for which you have had treatment (include accidents involving injury):

Section 7

Do you currently smoke?

Yes No

Section 8

Have you ever been grounded or ceased to be in receipt of flying pay for medical reasons? (If Yes, please give dates and full details in section 15)

Yes No

Section 9

Has any limitation ever been placed on your flying hours?
(If Yes, please give dates and full details in section 15)

Yes No

Section 10

a. Please give the date of your last electrocardiograph examination approved by the licence issuing authority.

b. Were you advised of any abnormality revealed by this or any previous examination? (If Yes, please give dates and full details in Section 15)

Yes No

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Section 11

After or during a medical examination have you ever:
(If Yes, please give dates and full details in section 15)

- a. been required to take additional tests? Yes No
- b. been referred for specialist examination? Yes No
- c. had the issue or renewal of your medical certificate deferred? Yes No
- d. had to return for examination at less than the normal interview time? Yes No
- e. been ordered to take drugs or follow any special diet? Yes No

Section 12

Are you aware of any deterioration in your general health, hearing, eyesight or blood pressure? (If Yes, please give dates and full details in section 15) Yes No

Section 13

Has any insurance company or underwriter:

- a. declined or deferred a proposal from you? Yes No
- b. charged or quoted more than standard rates? Yes No
- c. cancelled or declined to renew your insurance? Yes No

(If Yes, please give dates and full details in section 15)

Section 14

Please give the address of your medical officer.

Section 15

If you have answered Yes to questions 4, 8, 9, 10b, 11, 12 or 13 please provide details below:

Section number	Details

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Data protection act

By signing this proposal form you consent to Hiscox using the information we may hold about you for the purpose of providing insurance and handling claims, if any, and to process sensitive personal data about you where this is necessary (for example health information or criminal convictions). This may mean we have to give some details to third parties involved in providing insurance cover. These may include insurance carriers, third-party claims adjusters, fraud detection and prevention services, reinsurance companies and insurance regulatory authorities. Where such sensitive personal information relates to anyone other than you, you must obtain the explicit consent of the person to whom the information relates both to the disclosure of such information to us and its use by us as set out above. The information provided will be treated in confidence and in compliance with the Data Protection Act 1998. You have the right to apply for a copy of your information (for which we may charge a small fee) and to have any inaccuracies corrected.

Declaration

I hereby apply for insurance and agree that this proposal form will form the basis of the contract with Hiscox Global Flying. I understand the full terms of the contract are contained in the policy wording, a copy of which will be sent to me on acceptance of this proposal. I understand that non disclosure or misrepresentation in the proposal or in any other information furnished in connection with the proposal including any answers given to a medical examiner acting for Hiscox Global Flying may constitute grounds for a rejection of a claim. I understand that this insurance covers loss of flying pay due to accident or long term illness.

I have read over all answers including those not filled in by me in my own handwriting and confirm that all answers are true and complete.

I consent to Hiscox Global Flying seeking medical information at any time from any doctor who has attended me concerning anything which affects my physical or mental health or seeking information from an insurance office in which a proposal has been made for insurance on my life and I authorise the giving of such information. I am aware of my rights under the access to medical reports act 1988 and do/do not (*delete as appropriate) wish to see any report before it is sent.

Signature

Date

A copy of this proposal should be retained for your records.