

DMS OPTIONS PLUS - Payment Protection Plans

Adviser details

Agency number:	Agency Name:	Agency e-mail:
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Personal details

	Applicant One	Applicant Two
First Name		
Surname		
Title	Mr/Mrs/Ms/Miss/Dr/Rev	Mr/Mrs/Ms/Miss/Dr/Rev
Date of Birth		
Employer		
Employer's line of business		
Occupation:		
Employment Status	Employed / Running own Business	Employed / Running own Business
Length of service	Years Months	Years Months
Housing Status	Owner/Tenant/Sharing/Family home	Owner/Tenant/Sharing/Family home
Address(es)	Current	New
Postcode(s)	Current	New
Home Telephone Number		
Email Address		
Mobile or Work Telephone Number		
Employed - Gross Income		
Own business - Net Profit		
Mortgage/Tenancy/Loan Start Date		
Date Cover to Start		
Mortgage Lender/Landlord/Lender		

Monthly Payments

Mortgage Mortgage Interest at LSVR	£	per month
Mortgage Repayment	£	per month
Secured Loan	£	per month
Rent	£	per month
Life Assurance	£	per month
Home Insurance	£	per month
Car Insurance	£	per month
Council Tax	£	per month
Electricity	£	per month
Gas	£	per month
Heating Oil	£	per month
Water	£	per month
Unsecured Loan(s)	£	per month
Credit Card Payments	£	per month
Hire Purchase Payments	£	per month
Lease Payments	£	per month
Lease Purchase Payments	£	per month
Payments to IVA	£	per month
Payments to DMP	£	per month

Existing Accident Sickness and Unemployment Policies

Provider	Benefit p.m.	Premium p.m.	Type	DMS to replace ?	IEP to be waived ?
	£	£		YES/NO	YES/NO
	£	£		YES/NO	YES/NO
	£	£		YES/NO	YES/NO
	£	£		YES/NO	YES/NO
	£	£		YES/NO	YES/NO

Cover details

Cover Type	Single Joint Double
Cover split	% %
Total Protection Required	£ per month
Cover Selected	Accident and Sickness only Accident Sickness & Redundancy or Cessation of Business Redundancy or Cessation of Business only
Deferral Period	None - Back to day one - first benefit payable on day 31 of Unemployment 30 days deferred - first benefit payable on day 61 of Unemployment 60 days deferred - first benefit payable on day 91 of Unemployment

Underwriting Questions

Are you now, and have you been for the last six months, in continuous Permanent Work for 16 hours per week or more?	YES/NO	YES/NO
If you have answered "NO" to the above, please give further details.		

Do you know of any impending Redundancy that may affect you, or has your employer announced their intention to reduce personnel levels?	YES/NO	YES/NO
If you have answered "YES" to the above, please answer these further questions.		
What have you been told about impending Redundancy?		
When were you notified?		
When does Consultation Period Start?		
When does Consultation Period end?		

Have you consulted a Doctor or Consultant, received any treatment, or taken any medication, in the last 12 months other than for minor ailments?		
Have you had any time off work in the last six months through illness or accident ?		
Do you have any on-going medical conditions ?	YES/NO	YES/NO
If you have answered "YES" to the above, please answer these further questions.		
Did you consult your GP or a Specialist Consultant?	GP / Specialist Consultant	GP / Specialist Consultant
For what did you consult them?		
What treatment or consultation was prescribed?		
When were you off work?		
For how long were you off work?		
Why were you off work?		
What on-going medical conditions do you have ?		

