



Application to Unum Limited.

Registered office: Milton Court, Dorking, RH4 3LZ

Registered number: 983768

Pro Protect Player Insurance Scheme

Personal details

Full name	<input type="text"/>	Date of birth	<input type="text"/>
Address	<input type="text"/>		
Email	<input type="text"/>	Telephone	<input type="text"/>

Arachas may use these contact details to communicate with you about this insurance and related business.

Team details

Team	<input type="text"/>	Contracted to (date)	<input type="text"/>
Contracted salary	<input type="text"/>	Sum Assured	<input type="text"/>
		Annual benefit	<input type="text"/>

Declaration

I apply to join The Pro Protect Player Insurance Scheme (Unum Limited Policy No. 900321). I am a member of the Rugby Players Association (RPA) and a fully contracted player with a professional rugby club in England. I am currently actively at work and fit to play professional rugby. If I have been asked by Arachas to do so, I have made detailed declarations about my fitness in the section overleaf and I have signed and dated those statements.

I understand the insurance will start only once this correctly completed is received by Arachas Corporate Brokers Limited, Arachas has confirmed the terms of the cover to me and I have accepted those terms.

Signature	<input type="text"/>	Date	<input type="text"/>
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You may fax the completed form to: 00 353 21 427 5540, or post it to: Alan Miller/Tracey Worth, Arachas Corporate Brokers Limited, 9 Eastgate Avenue, Eastgate Business Park, Little Island, Cork, Ireland.

How the insurer will process information about you

Unum will hold all information relating to you electronically and/or in a manual system and will process it fairly and lawfully in accordance with the principles of the Data Protection Act 1998. Access to information concerning you will be limited to employees and contractors of Unum, for example independent health professionals, who need access in order to process and/or assess the application. The insurer may additionally share information and conduct checks with third parties for purposes relating to the application, for validation purposes and for other lawful purposes. Third parties (who may be situated either within or outside the European Economic Area) may include, but are not limited to, reinsurers, underwriters, the Financial Services Authority, the Financial Ombudsman Service, medical agencies, other insurance companies and sub-contractors and agents. By signing this form you agree that Unum may share information concerning you. Unum will not discuss medical information about you with anyone other than you without your written consent. This includes your financial and legal advisers, your employer, your spouse and other relatives and friends. To help us assess the risk or administer the policy, we may discuss non-medical information about you with your financial adviser or with the policyholder. Unum may monitor and/or record telephone conversations and e-mails from time to time for the purpose of training in the interests of improving the quality of service provided.

Additional fitness declaration by a player wishing to join the Pro Protect Scheme

This is an application to Unum Limited ("Unum", "we", "us").

Registered office: Milton Court, Dorking, Surrey RH4 3LZ

Registered number: 983768

All enquiries about this application should be made to the Chief Medical Underwriter at the registered office address.

Before completing the form, please read this important guidance from the Underwriter: *Please take care to answer these questions accurately. We rely entirely on the information you give us here to make our decision about insuring you. Since we only ask you about your fitness record over a relatively short time, we believe it is reasonable to expect you to recall all the relevant facts we need. We shall not approach your medical advisers in this process for information to support your disclosures. We shall, however, obtain medical evidence if you later make a claim and, if we then find the answers you gave us on joining the scheme were not true or complete, we may not pay you the benefit you have applied for and we will not refund any premiums you have paid us. There are explanatory notes to help you under each question and we detail on the back of the form how we process and store information about you, including what you tell us in this declaration.*

FULL NAME (in block capitals please)

DATE OF BIRTH

CLUB

1. Are you currently fit to play and available for selection by your club or national team ? Yes No

*If your answer is **No**, for whatever reason, you will not be able to join the scheme today. You must complete a new form if you reapply.*

2. In the last **four years**, have any of the conditions or injuries listed in 2(i), 2(ii) or 2(iii) prevented you from playing rugby or restricted your training activity for **four or more weeks at a time** or caused you to miss **four or more matches in any one season** ?

(i) Pain or discomfort in your back or neck Yes No

*If your answer is **Yes**, you will not receive benefit if you are unable to play because of any disorder of your spine, its intervertebral discs, joints, nerve roots or supporting musculature. This restriction will be lifted once you are able to answer **No** to this question.*

(ii) A medical condition affecting any of the joints listed below or an injury, from rugby or otherwise, to any of those same joints (*tick one box only in answer to each question*):

Either of your shoulders	Yes, both <input type="checkbox"/>	Yes, my left only <input type="checkbox"/>	Yes, my right only <input type="checkbox"/>	No <input type="checkbox"/>
Either of your knees	Yes, both <input type="checkbox"/>	Yes, my left only <input type="checkbox"/>	Yes, my right only <input type="checkbox"/>	No <input type="checkbox"/>
Either of your hips	Yes, both <input type="checkbox"/>	Yes, my left only <input type="checkbox"/>	Yes, my right only <input type="checkbox"/>	No <input type="checkbox"/>
Either of your ankles	Yes, both <input type="checkbox"/>	Yes, my left only <input type="checkbox"/>	Yes, my right only <input type="checkbox"/>	No <input type="checkbox"/>

*Where you have ticked any of the **Yes** boxes in grid 2(ii), you will not receive benefit if you are unable to play because of a condition or injury affecting that/those joint(s). For example, if you have ticked **Yes, both**, because you have had problems with both your knees, no benefit will be payable if you are unable to play because of any disorder of either knee, or because of any complications or treatment of that disorder. Any restriction(s) will be lifted once you are able to answer **No** to the relevant question(s) you ticked as **Yes** today.*

(iii) Loss of consciousness, concussion or post-concussion syndrome Yes No

*If you have ticked **Yes** to this question, you will not receive benefit if you are unable to play because of post-concussion syndrome or any concussion-related disorder. This restriction will apply for the duration of your membership.*

Your declaration

I am entirely responsible for the statements made by me or on my behalf in this application and to the best of my knowledge and belief they are true and complete. I understand that if at any time after I have submitted this application Unum finds I have given incomplete or false information, Unum may change the underwriting terms, refuse my claim or withdraw my cover and no premiums will be refunded to me. In making my statements I have taken into account the underwriter's guidance and I understand and accept that Unum will apply an exclusion to my cover for each relevant incapacitating medical condition or injury I have had, confirming those terms in my notification of scheme membership.

Your signature

Date