

Children's Critical Illness Application

Policy number

Family name **First applicant** **Second applicant**

First name(s) (in full)

Children's critical illness cover

Please provide the names (in full) of any eligible children to be covered (only available if critical illness cover has been selected). Please note eligible children must be aged between 1 and 17 (attained) to qualify.

	Child 1	Child 2	Child 3
Full name	<input type="text"/>	<input type="text"/>	<input type="text"/>
Sex	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>	Male <input type="checkbox"/> Female <input type="checkbox"/>
Date of birth (dd/mm/yyyy)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Have any of these children suffered from, or received, medical advice or treatment for any disease(s) of the heart, kidneys, brain or nervous system, or any form of cancer, or any other illness apart from minor childhood ailments or do any familial or congenital conditions exist?

Yes No

If yes, please provide full details on a separate sheet of paper.

Medical attendant

Please provide the name and address of the usual medical attendant for the above children.

Name of doctor

Address (in full)

Child 1

Date of last visit

Reason for last visit

Results of last visit

Child 2

Date of last visit

Reason for last visit

Results of last visit

Child 3

Date of last visit

Reason for last visit

Results of last visit

Declaration

I/We declare that the information given in this *Application Form* is true to the best of my/our knowledge and belief, whether in my/our handwriting or not, and together with any statement supplied to RL360 Insurance Company Limited by any other party with my/our consent are to form an integral part of the contract between the owner and RL360 Insurance Company Limited and deemed incorporated therein.

Should circumstances change (before acceptance has been granted by RL360 Insurance Company Limited), so that any answer or answers given in this *Application Form* are no longer valid, this information will be communicated to RL360 Insurance Company Limited and I/we understand that failure to do so may invalidate the contract.

Data protection

Any data you provide to RL360° may be shared, if allowed by law, with other companies both inside and outside of the RL360° Group and to persons who act on your behalf. Data and information about you can be transferred outside of the Isle of Man and RL360° may be required to provide it to its regulator, its government or anyone else required by law.

RL360° will use your data and information to allow for the administration of your policy, prevent crime, prosecute criminals and for market research and statistics. RL360° will, at all times, make sure that your data and information is only used in ways that are allowed by law.

The Isle of Man Data Protection Act 2002 allows you, after paying a small fee, to receive a copy of the data and information RL360° holds about you.

For further information please write to: Data Protection Officer, RL360°, RL360 House, Cooil Road, Douglas, Isle of Man, IM2 2SP, British Isles.

First applicant

Second applicant (if applicable)

Signature

Date (dd/mm/yyyy)

Witnessed by Introducer

Signature

Name

Date (dd/mm/yyyy)