

Application Number

Available once the application is entered on Adviser Hub. Please complete these for your records.

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LIFE INSURANCE

RELEVANT LIFE PLAN APPLICATION FORM WITH STANDARD UNDERWRITING

This form is designed for **Relevant Life Plan applications with Standard Underwriting.**

VitalityLife offer two forms of underwriting for Relevant Life Plans:

- 1) Standard Underwriting - **INCLUDED** in this form
- 2) Optimiser Underwriting - **NOT** included in this form.

Optimiser Underwriting is speedy and smooth, designed for Relevant Life Plan applications with Vitality Optimiser. Eligibility is dependent on product selection and answers to a few upfront questions. If you would like to complete Relevant Life Plan application form with Optimiser Underwriting, you can order or download it at adviser.vitality.co.uk/life.

IMPORTANT INFORMATION

This application form should be used with a financial adviser.

This form can be used for new applications for VitalityLife's Relevant Life Plan. It can also be used as a data capture form.

To enable us to quote, underwrite and administer your plan, we will collect, process, share and retain your personal, health and medical information, and that of any other members covered in your plan, as described in our Privacy Policy.

We will request a new application for any plans that are not in force within 6 months of submitting this application.

If you are reinstating an existing plan, please complete a Supplementary Health Questionnaire, available on adviser.vitality.co.uk/life/.

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HOW TO SUBMIT THIS APPLICATION

a) Submit online in Adviser Hub to receive an immediate underwriting decision

- Complete all information up to the end of section H, along with payment details on page 15
- Submit the application online in Adviser Hub at adviser.vitality.co.uk/life/
- Receive an immediate underwriting decision or details of further information we require
- Your client(s) must sign the Access to Medical Reports Act 1988 Declaration on page 19. Please detach this declaration only and post it to FREEPOST VitalityLife, Sheffield, S95 1BW.

b) Paper submission

- Complete all information, including payment details on page 15 and the client declaration, authority and consent starting on page 21
- Your client(s) must sign the Access to Medical Reports Act 1988 Declaration on page 19
- Post the paper application to FREEPOST VitalityLife, Sheffield, S95 1BW.

IMPORTANT INFORMATION FOR THE APPLICANT(S)

Please use black ink, BLOCK LETTERS and tick or complete answers as appropriate. If you make a mistake please initial your correction.

Please take care to answer the questions on this form honestly and fully. If you miss any information out, or give us misleading information, this may mean that a future claim will not be paid. In addition, this could also delay the processing of your application. Please enclose all relevant information as we may not contact your GP to obtain a GP report.

If someone else fills this form in for you, such as your financial adviser, please check that all the details are correct before you sign the declaration. You are responsible for all the answers you or your financial adviser provide on this application.

If you prefer, you may complete the medical questions in private and return the Lifestyle and Health details in section E direct to our Chief Medical Officer. Please indicate on this form if you have done so.

It is also very important that you tell us if there is a change to any of the following information between completion of this form and your application being accepted:

- Your personal health
- Your family history
- Your occupation
- Your participation in any hazardous leisure activities
- Your travel or residence
- Your lifestyle (such as smoking and alcohol consumption)

If you do not, the plan may be cancelled and will result in non-payment of a claim.

INFORMATION ABOUT GENETIC TESTS

If this application, taken together with any other insurance plans you already have, is for Life Cover up to a sum of £500,000, Serious Illness/Critical Illness Cover up to £300,000 or Income Protection Cover up to £30,000 per year, you do not need to disclose any genetic test you may have had. You do not need to disclose the result of any genetic test undertaken in the context of research. Genetic test results only need to be disclosed where the sum exceeds either £500,000 for Life Cover or £300,000 for Serious Illness/Critical Illness Cover, £30,000 per year for Income Protection Cover and their use by insurers has been independently approved. You may, of course, disclose any genetic test result which is in your favour. If you either have a family history of, are experiencing symptoms of, or are having treatment for, a genetic condition, you must tell us.

Further information is available on request which fully explains this policy and details the genetic tests which are approved for use by insurers.

A. CLIENT DETAILS

PERSONAL INFORMATION	The Life Assured
<p>Are you a UK resident? UK includes England, Scotland, Wales and Northern Ireland but EXCLUDES the Channel Islands, Isle of Man and Republic of Ireland.</p>	<p>Yes No</p> <p><i>NB. We reserve the right to request additional information and documentation to verify this.</i></p>
<p>IMPORTANT: If you select 'No', you'll need to establish eligibility for your plan by discussing your residency status with our Financial Crime team. Please read the Eligibility Guidelines on adviser.vitality.co.uk/life/ for contact details.</p>	
Title	Mr Mrs Miss Ms Other
First name(s)	
Surname	
Date of birth	
Marital status	<p>Single Separated Married Civil partner Divorced Dissolved civil partnership Widowed Surviving partner of civil partnership</p>
Gender	Male Female
<p>Please confirm your smoker status</p> <p>Includes cigarettes, cigars, pipe, loose tobacco, herbal cigarettes, any nicotine replacement therapy and electronic cigarettes.</p>	<p>Occasional smoker Regular smoker Ex-smoker (stopped more than 12 months ago) Never smoked</p> <p><i>We will carry out random tests to confirm non-smoker status.</i></p>
How many cigarettes (include roll-ups) do you, or did you, smoke per day?	
<p>In an average week, how many alcoholic drinks do you have?</p> <p>Examples of drink include a pint of beer/cider, an average sized glass of wine or a single measure of spirits.</p>	
Occupation	
Employment status	<p>Employed Self-employed Unemployed Houseperson</p> <p><i>Relevant Life Plans are only available to the Life Assured if they are employed.</i></p>
Annual Personal Pre-Tax Income	£

CONTACT INFORMATION	The Life Assured	
If our tele-underwriters and/or Vitality Nurses need to contact you, please choose your preferred contact time.	No Preference Mon - Fri 12pm - 4pm	Mon - Fri 9am - 12pm Mon - Fri 4pm - 8pm
Contact telephone number(s)		
Email address		
Current address		
Postcode		

CLIENT CONSENT	The Life Assured	
<p>Marketing preferences - optional</p> <p>Vitality Corporate Services Limited would like to send your client information about our products and future products, which currently include health and life insurance, investments and general insurance. We are focused on bringing exciting new products to them and to enhance those already available by offering improved services and benefits as a Vitality member.</p> <p>Please let us know how they'd like to hear about the latest updates from us.</p> <p>Email Post SMS/text Social media Telephone No contact</p> <p>We will not share their personal data with any other companies for marketing purposes.</p> <p>Your client can change their mind about how they would like to receive marketing information about our products and services at any time. They can manage their preferences on our website, call our customer services team or they can unsubscribe, using the unsubscribe link on emails that we send to them. For SMS/text messages, follow the opt-out instructions on the message.</p>		

MORE INFORMATION	The Life Assured		
Are you currently pregnant? For females only.	Yes	No	
Height	feet	inches or	centimetres
Weight	stones	pounds or	kilograms

B. YOUR CORE COVER

LIFE COVER	The Life Assured
Cover amount	£
Cover term The minimum term is 1 years.	<input type="text"/> years
Premium basis	Guaranteed Reviewable
IMPORTANT: If you choose an indexed plan, at each plan anniversary your cover will increase by Retail Prices Index (RPI). Premiums will increase by RPI plus 2.5%.	
Cover basis	Indexed Level

C. YOUR HEALTHY LIVING OPTION

IMPORTANT: If you would like a Healthy Living Option, please only select one.

OPTIMISER - SECTION C1	The Life Assured
Woud you like Vitality Optimiser?	Yes No

Vitality Lite: If you have chosen Vitality Optimiser and your monthly premium is under £30 for single life plans, before the Vitality fee is added, then Vitality Lite will automatically be added to your plan. This includes an upfront discount, the opportunity to control your future premiums and the opportunity to earn cashback. You also get access to a number of discounts and rewards.

Vitality Plus: If your monthly premium is £30 or over for single life plans, before the Vitality fee is added, you automatically get Vitality Plus added to your plan. This includes all of the above and access to our extended range of rewards and discounts.

VITALITY PLUS - SECTION C2	The Life Assured
Woud you like Vitality Plus?	Yes No

This gives you a range of rewards and discounts to keep you motivated, including discounted gym membership, a cinema ticket and money off travel and accommodation. The higher your Vitality Status the bigger the rewards, and the higher the discount you'll receive. Please note, certain Vitality rewards and benefits are only available for those who are 18 years and over.

D. EXISTING COVER

EXISTING COVER	The Life Assured
Do you already have any Life Cover, Critical Illness / Serious Illness or Income Protection Cover with VitalityLife (formerly known as PruProtect)?	Yes No Plan number
Within the last 12 months have you applied for any other cover with VitalityLife, regardless of whether a plan has been issued or not? If 'Yes' please provide full details of the cover and reason declined.	Yes No
Do you intend to submit an additional application to VitalityLife for Life, Serious Illness or Income Protection cover at this time?	Yes No
Including this application, will the total amount of Life cover you have for all purposes exceed £1.5 million? Ignore cover that will be cancelled and applications that are for comparative purposes only, but include any further cover you intend applying for in the next 6 months.	Yes No

E. LIFESTYLE AND HEALTH DETAILS - STANDARD UNDERWRITING

OCCUPATION - SECTION E1	The Life Assured
What is your main occupation? Please enter an occupation with the closest match online. This will help us process your application as quickly as possible.	
IMPORTANT: Additional information may be required for specific occupations, such as percentage of time working at heights or whether working on oil rigs outside the North Sea or UK waters. Please capture these details if applicable.	
More information, if applicable	
Do you work in or with the Armed Forces or reserve forces? Even if you have already selected an armed forces occupation title, you must answer 'Yes' to this question if applicable.	Yes No
Please indicate whether you work full time in the Armed Forces, are a Reservist or whether you work with or for the Armed Forces as a civilian:	
<ul style="list-style-type: none"> Full time in the Armed Forces 	Yes No
<ul style="list-style-type: none"> As a civilian attached to the Armed Forces 	Yes No
<ul style="list-style-type: none"> As a Reservist. If 'Yes', do you work with the Reservists on a full time basis? 	Yes No

<p>Are you currently on, or have you received confirmation / notification that you are due to go on, an Operational Tour of Duty outside of the UK to a hazardous country in the next 12 months?</p> <p>This includes an Operational Tour of Duty with the United Nations. Hazardous countries include Afghanistan, Burundi, Central African Republic, Chad, Congo, Cote d'Ivoire, Guinea, Haiti, Iraq, Kyrgyzstan, Libya, Mali, Pakistan, Somalia, Sudan, South Sudan, Syria, Yemen and Zimbabwe.</p> <p>If 'Yes', what is the nature of the tour of duty e.g. combat, peace keeping, training and support (self and others), humanitarian etc? Please give details</p> <p>When will your posting start and how long do you expect it to last?</p> <p>What regions within this country or countries will you be posted to during your tour?</p>	<p>Yes No</p>
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IMPORTANT: You do not need to complete the following two questions if you work purely as a civilian attached to the Armed Forces.

<p>Do you work in any branch of the Special Forces (e.g. SAS, SBS, SFSG)?</p>	<p>Yes No</p>
<p>Do your normal duties involve bomb disposal, mine clearance, diving, flying in helicopters (as aircrew) or fast jets?</p> <p>If 'Yes', please give a description of your duties.</p>	<p>Yes No</p>

TRAVEL AND RESIDENCY - SECTION E2	The Life Assured
<p>In the next 12 months, do you intend spending more than 4 weeks overall (i.e. in total across all of these areas) in the Middle East, Africa, Central or South America, Asia (ignore Japan, Hong Kong and Singapore), Ukraine, Russia or New Guinea?</p> <p>If 'Yes', please provide details of country(s), whether currently living in that country, duration of stay (past and future), reason for stay, area (i.e. town/city).</p>	<p>Yes No</p>
<p>In the last 5 years have you spent more than 3 consecutive months in Africa, India, Thailand or the Caribbean (includes Antigua, Bahamas, Barbados, Bermuda, Cuba, Dominican Republic, Grenada, Haiti, Jamaica, Trinidad and Tobago)?</p> <p>If 'Yes', please provide details of country(s), duration of stay, whether a UK citizen or have right to permanently stay in UK</p>	<p>Yes No</p>

HAZARDOUS PURSUITS/HOBBIES - SECTION E3	The Life Assured
<p>Do you take part in or intend to start within the next 12 months any hazardous pastimes? E.g. water sports, diving, mountaineering, aviation sports including parachuting, motor sports, extreme sports etc. You can ignore one off experiences.</p> <p>If 'Yes' please complete the following questionnaire:</p> <ul style="list-style-type: none"> Name of activity(s) - include names of ALL aspects of the activity you take part in. If activity is skiing, please advise whether you ever go off piste, heli-skiing or ski mountaineering Please list any qualification(s) Where do you take part in this activity(s) i.e. venue type, area of the world etc? How many times a year do you take part? Do you ever take part alone? If applicable, what heights/depths do you go to? 	<p>Yes No</p> <p>Yes No</p> <p style="padding-left: 150px;">height</p> <p style="padding-left: 250px;">depth</p>

LIFESTYLE - SECTION E4	The Life Assured
<p>Have you ever been advised to reduce your alcohol intake because you were drinking too heavily? If 'Yes' please provide full details of treatment or advice given.</p>	<p>Yes No</p>
<p>In the last 10 years have you ever taken recreational drugs such as cannabis, ecstasy, cocaine, methadone, heroin, anabolic steroids or similar substances? If 'Yes' please provide details including, type of drugs used, dates, how often (i.e. regularly or as an experiment) and circumstances (i.e. party, university etc).</p>	<p>Yes No</p>

IMPORTANT: This information may be sent in confidence to our Chief Medical Officer.

FAMILY MEDICAL HISTORY - SECTION E5	The Life Assured	
<p>Before the age of 60, have any members of your immediate family (natural parents, brothers or sisters) had any of the following medical conditions:</p> <p>Breast, Ovarian, Colon or Bowel Cancer, Heart Attack, Angina, Cardiomyopathy, Diabetes, Multiple Sclerosis, Muscular Dystrophy, Parkinson's, Dementia / Alzheimer's Disease, Huntington's, Motor Neurone Disease or Polycystic Kidney Disease?</p> <p>If 'Yes' please provide details of age of relative at the time they were diagnosed, relationship to you and whether you have had any screening or investigations for this condition yourself.</p>	Yes	No

YOUR HEALTH - SECTION E6	The Life Assured	
<p>Have you ever had or do you currently have any of the following: If 'Yes', please complete the relevant Medical Disclosure questionnaire with full details on page 25.</p>		
Cancer, leukaemia, Hodgkin's disease, lymphoma, brain or spinal tumour?	Yes	No
Heart disease or disorder, including heart attack, angina, cardiomyopathy, heart murmur, heart surgery or procedure, palpitations, irregular heart beat or chest pain?	Yes	No
Stroke, transient ischaemic attack (TIA), brain haemorrhage or permanent brain injury through an accident?	Yes	No
Multiple sclerosis, optic neuritis, epilepsy, paralysis, muscular dystrophy, Parkinson's disease, dementia or Alzheimer's disease, cerebral palsy, motor neurone disease or any disorders of the brain or nerves?	Yes	No
Diabetes, sugar in the urine, blood sugar or thyroid problems?	Yes	No
Schizophrenia, bipolar disorder / manic depression or have you ever required hospital treatment as an inpatient for any mental illness?	Yes	No
<p>Have you ever tested positive for HIV, Hepatitis B or Hepatitis C or are you awaiting the results of such a test?</p> <p>Note: if the result is negative, the fact of having an HIV test will not, in itself, have any effect on your acceptance terms for insurance.</p>	Yes	No

IMPORTANT: If 'Yes', please complete the relevant medical questionnaire for each disclosure on page 25. Please provide as much information as possible.

YOUR HEALTH IN THE LAST 5 YEARS - SECTION E7	The Life Assured	
<p>Apart from any condition you have already told us about, have you had any of the following in the last 5 years: If 'Yes', please complete the relevant Medical Disclosure questionnaire with full details on page 25.</p>		
<p>Lump, cyst, growth or skin lesion of any kind, or a mole or freckle that has bled, become painful, itchy, changed colour, increased in size or that you have been advised to monitor (including photographic surveillance)?</p>	Yes	No
<p>Raised blood pressure or raised cholesterol, Deep Vein Thrombosis, disease or disorder of the blood vessels including the aorta and arteries of the leg or neck or any condition affecting the blood such as anaemia or thalassaemia?</p>	Yes	No
<p>Numbness, tremor, tingling, pins and needles, dizziness, facial pain or visual disturbance including blurred or double vision?</p>	Yes	No
<p>Seizures, fits, fainting, blackouts or memory loss?</p>	Yes	No
<p>Any disorder of the digestive system, liver, stomach, oesophagus, pancreas, colon or bowel, including hepatitis, colitis or Crohn's disease? Please ignore minor indigestion, heartburn, appendicitis (operated and fully recovered) or irritable bowel syndrome (IBS) that only cause occasional mild discomfort and for which you have not required investigation or hospital referral and none are planned.</p>	Yes	No
<p>Any disorder of the kidneys, bladder or prostate, including blood or protein in the urine or urinary tract infection?</p>	Yes	No
<p>Any mental disorder, including stress, anxiety, panic attacks, depression or continuous fatigue, tiredness, fibromyalgia or eating disorders?</p>	Yes	No
<p>Any respiratory or lung disorder, including asthma, bronchitis, COPD (COAD), emphysema or sleep apnoea?</p>	Yes	No
<p>In the last 5 years have you required more than 2 weeks off work for any medical condition, illness or injury not already mentioned. Please ignore flu or colds from which you've fully recovered and pregnancy where no complications were present.</p>	Yes	No

IMPORTANT: If 'Yes', please complete the relevant medical questionnaire for each disclosure on page 25. Please provide as much information as possible.

IMPORTANT: For this question please see the list of minor conditions and treatments that can be ignored below.

Acne	Haemorrhoids/piles	Routine wellman/woman check (normal results)
Appendicitis (operated and fully recovered)	Hay fever	Shingles
Athletes foot	HRT (no investigations involved)	Simple fracture of limbs (fully recovered)
Bunion	Indigestion/heartburn/IBS (no investigations required)	Sprains (fully recovered)
Cold sore	Infertility treatment	Thrush
Cold/flu	In growing toe nail	Tonsillitis
Common childhood diseases (fully recovered)	Miscarriage/termination	Uncomplicated pregnancy / caesarean
Conjunctivitis	Muscle strain (fully recovered)	Vasectomy
Ear syringing	Routine cervical smear (normal result)	Verruca
Food poisoning (fully recovered)	Routine scan/blood test for pregnancy	Wisdom teeth removed
In the last 6 months have you experienced any unintentional or unexplained weight loss?	Yes	No
Apart from anything you have already told us about in this form, within the last 2 years have you had any medical condition, illness or injury that you have received treatment for over a continuous period of 2 weeks or more?	Yes	No
Apart from anything you have already told us about in this form, within the last 2 years have you undergone any investigation such as blood tests, scans or biopsies? If so, for what condition, or suspected condition?	Yes	No
Apart from anything you have already told us about in this form, do you have any impairment or medical complaints that you intend seeking medical advice for, or are you currently awaiting the results of any investigations? If 'Yes', please provide as much information as possible.	Yes	No

F. YOUR DOCTOR'S DETAILS

DOCTOR'S DETAILS	The Life Assured
Doctor's name	
Clinic/surgery address	<input type="text"/>
Telephone number	
I give permission for VitalityLife to share my personal and medical information with my named GP for the purpose of this application	Yes No

G. PLAN OWNER DETAILS

PLAN OWNER DETAILS - SECTION G1	Plan owner
Plan owner's name	
Entity type	Company Sole Trader Partnership LLP
Plan owner's address	<input type="text"/>
Postcode	
Relationship to the life assured e.g. employer	
PLAN OWNER CONTACT DETAILS - SECTION G2	
IMPORTANT: We will correspond with the person named below in relation to the plan.	
Title	Mr Mrs Miss Ms Other
First name(s)	
Surname	
Date of birth	
Job title	
Contact telephone number(s)	
Email address	

Address for correspondence	<input type="text"/>
Postcode	<input type="text"/>
<p>Marketing preferences - optional</p> <p>Vitality Corporate Services Limited would like to send the plan owner information about our products and future products, which currently include health and life insurance, investments and general insurance. We are focused on bringing exciting new products to them and to enhance those already available by offering improved services and benefits as a Vitality member.</p> <p>Please let us know how they'd like to hear about the latest updates from us.</p> <p>Email Post SMS/text Social media Telephone No contact</p> <p>We will not share their personal data with any other companies for marketing purposes.</p> <p>They can change their mind about how they would like to receive marketing information about our products and services at any time. They can manage their preferences on our website, call our customer services team or they can unsubscribe, using the unsubscribe link on emails that we send to them. For SMS/text messages, follow the opt-out instructions on the message.</p>	
	Life Assured
I confirm that consent has been given by the life assured to share the medical information and plan documents with the plan owner in relation to this plan.	Yes No

H. PLAN INFORMATION

IMPORTANT: This section is for the Financial Adviser, please ensure all questions are completed.

ADVISER DETAILS - SECTION H1

FCA Regulatory Number	<input type="text"/>
Adviser's first name(s)	<input type="text"/>
Adviser's surname	<input type="text"/>
Agency details - VitalityLife Agency Number	<input type="text"/>

IMPORTANT: Advisers that only have permissions to carry out insurance mediation on non-investment insurance contracts (i.e. pure protection business under the Insurance Conduct of Business "ICOBS" regime) will only be able to answer question 1 as 'No', since they will not have regulatory permissions to advise or arrange investment business.

Advisers who hold permissions to advise or arrange investment business as well as non-investment insurance contracts will need to consider whether this quote/application for VitalityLife is associated with advice on investment business and answer question 1 as 'Yes' or 'No' as appropriate.

1. Is the protection sale associated with advice on investment business as per the FCA Retail Distribution Review?	Yes No
2. How would you like to be remunerated on this VitalityLife business?	Commission Fee or other adviser charge Mix of commission and fee or other adviser charge
3. If you are being remunerated by commission (whether in full or in part), are you intending to rebate/sacrifice a proportion of commission? If so, what percentage of commission is to be discounted (rebated)?	Yes No %
IMPORTANT: Advisers who answered question 1 as 'Yes' and are being remunerated for any subsequent VitalityLife plan by commission in question 2 are required under FCA rules to disclose the commission on the illustration. Therefore, in this circumstance question 4 should be answered as 'Yes'.	
4. Do you want to disclose the commission on the illustration?	

PLAN CORRESPONDENCE AND OPTIONS - SECTION H2

Please provide us with your client's email address so we can send them information about their plan. We will send your client correspondence regarding their plan via email or via a secure online inbox located on our Member Zone.	Life Assured's email address:
Would your client prefer to receive their plan correspondence by post only?	Yes No
Who shall we send the acceptance letter to?	Direct to the plan owner, with a copy to the Financial Adviser Both to the Financial Adviser
Who shall we send the plan documents to?	Direct to the plan owner, with a copy to the Financial Adviser Both to the Financial Adviser

I. PAYMENT DETAILS

IMPORTANT: If your client would like to pay monthly, their premiums must be paid by Direct Debit. If your client would like to pay annually, their premiums can be paid for by either Direct Debit or Electronic Fund Transfer (EFT). Electronic Fund Transfers (EFT) must be made into the following account. Please ensure you include the plan number as the reference to avoid delays in allocating the payment to the plan.

Bank account name: VitalityLife

Bank: HSBC

Sort Code: 400250

Bank account number: 81359118

Reference number: Your plan number followed by AB

How would your client like to pay their premiums?

Monthly
Annually

IMPORTANT: Please only complete the following information if your clients are paying by Direct Debit.

How would your client like to complete their Direct Debit instruction?

Paperless
Paper with client signature

I have chosen to obtain client signatures on Direct Debit

Yes No

Life assured name or payer name
To be completed by the Financial Adviser.

Date of birth
To be completed by the Financial Adviser.

On what date of the month would you like us to collect the premiums?
This must be between the 1st and 28th of the month.

of the month

IMPORTANT: If your client has chosen to pay via Direct Debit, please complete the Direct Debit form on page 17.

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THE DIRECT DEBIT GUARANTEE

J. ACCESS TO MEDICAL REPORTS ACT 1988

We may need to get medical reports to support your claim. Before we can ask any doctor that you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988. Your rights under the Act are as follows:

You do not need to give your permission, but if you do not, we may not be able to go ahead with your claim.

You can ask to see the report before the doctor returns it to us. If this is the case, we will tell the doctor to keep the report for 21 days so that you can arrange to see it. If you have not made arrangements to see the report within this time, your doctor will send the report to us.

If you choose not to see the report at this stage, you may ask the doctor for a copy within six months of it being sent to us. We can send a copy of the report to your doctor if you ask to see it at a later date.

If you think that any part of the report is not correct or is misleading, you may ask the doctor to amend it. If your doctor refuses to make the amendments, you may ask him or her to attach a statement outlining your views, which will then accompany the report.

Your doctor can withhold access to the report if he or she feels that it would cause physical or mental harm to you or others.

The medical report your doctor fills in asks about the following:

- Your current health
- Any care, medication or treatment you are currently receiving
- The results of referrals or tests you are waiting for
- Any time off work in the last three years
- Your past health
- Details of any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor, in particular whether you have a history of:
 - malignancy (cancer), cardiovascular (heart) disease, diabetes, and degenerative (gradually worsening) diseases;
 - musculo-skeletal disease or injury, for example, arthritis, rheumatism, back problems or any other disorder of the joints or muscles;
- Details of any biopsies, blood tests, electrocardiograms (heart tests), height, weight if measured in the last two years, urinalyses (tests on urine), x-rays or other investigations

- Any blood pressure readings in the last three years
- Any history of disease among your parents or brothers or sisters that you have told your doctor about

We have asked your doctor not to reveal information about:

- Negative tests for HIV, hepatitis B or C;
- Any sexually-transmitted diseases unless there could be long-term effects on your health; or
- Predictive genetic test results unless there is a favourable test result which shows that you have not inherited a condition your family suffers from

The information you and your doctor provide about your health may result in us:

- Refusing to provide insurance;
- Increasing premiums above standard rates; or
- Setting premiums at standard rates

If you have any questions about your rights under the Act or questions relating to the process of getting, assessing or storing medical information, please write to:

Chief Medical Officer, VitalityLife, Sheffield, S95 1BW.

IMPORTANT NOTES

Claim payments will not start until we have assessed and accepted your claim. During this period, premiums must be kept up to date.

We may ask you to contact your doctor if we are waiting for reports which we have asked for.

If we ask you to come for a medical examination, we will need to share the application information with another company we have authorised. They will make the arrangements for the examination to take place.

We may need to send your claim form and relevant medical reports and financial information to our reinsurers for their opinion. Or, we may need to send them at a later stage for purposes relating to managing the claim. You can get details of general reassurance principles and details of any company we use to assess your claim, from our head office:

Claims, VitalityLife, Sheffield, S95 1BW.

We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.

J. ACCESS TO MEDICAL REPORTS ACT 1988 - CONTINUED

DECLARATION

How we use your personal data

You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time. It is our policy to obtain a random sample of medical reports shortly after acceptance of insurance contracts to monitor the accuracy and completeness of the information given. By signing this declaration you will be giving us the right to request a medical report. We will write to tell you if we require such a report. Your rights under the Access to Medical Reports Act 1988 remain the same. In the event that the medical report shows that you failed to disclose a fact that it would be reasonable to expect you to disclose, we reserve the right to reconsider the terms offered to you or cancel the policy.


Please refer to page 21 for the data protection notice. If you have any questions about this please write to:

**Data Protection Officer, VitalityLife, 4th Floor,
70 Gracechurch Street, London, EC3V 0XL**

For certain products we will need to process sensitive personal information such as health information.

By signing and returning this form, you consent to us processing your sensitive information.

- I/We agree to you asking any doctor I/we have consulted about my/our physical or mental health to provide medical information so you may assess my/our proposal. You may gather relevant information from other insurers about any other applications for life, critical illness, sickness, disability, accident or private medical insurance that I/we have applied for. I/We authorise those asked to provide medical information when they see a copy of this consent form. This form allows you to gather medical reports within six months of the start of the Plan, or after my/our death, to support any claim made on the Plan proceeds.
- This information can also be used to maintain management information for business analysis.
- I/We have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act 1988.

SIGNATURE OF THE LIFE ASSURED	
Full name	Date of birth
I do not want to see the report before it is sent to the company.	I do want to see the report before it is sent to the company.
Signature 	Date

TO BE COMPLETED BY THE FINANCIAL ADVISER
If you are submitting this application online in Adviser Hub, please record the application number below.
Application number:

Please fax this completed form to VitalityLife at **0870 240 0937** or post to **VitalityLife, New Business, Sheffield, S95 1BW**.

IMPORTANT: If you are using this as a full paper application form, please complete this section with your client(s).

CHANGING THIS DATA PROTECTION NOTICE

This Data Protection Notice may change from time to time and you should review the contents regularly. We will notify you of any changes where we are required to do so by law.

K. FULL PAPER APPLICATION CLIENT DECLARATION, AUTHORITY AND CONSENT DECLARATION

How we use your personal data

I/We hereby certify that the answers given have been accurately re-produced, that I/we have disclosed all material facts and I/We verify the truth of the answers. Moreover, I/we authorise that they form the basis of the contract applied for. I/We understand that the nurse is bound by and will adhere to the NMC Code of Conduct at all times. In accordance with applicable Data Protection Laws (including, but not limited to all laws and regulations in the United Kingdom including the General Data Protection Regulation and the Data Protection Act 2018 and laws and regulations of the European Union, the European Economic Area and their member states, applicable to the processing of personal data and the interception of communications in place from time to time), the medical collections agent will hold information about me on their computer systems.

I/We the applicant(s) declare that, to the best of my/our knowledge and belief, the information on this form is true and complete and agree that the terms of this application and declaration and any statements made by the life or lives to be assured to VitalityLife's medical examiner together with VitalityLife's letter of acceptance will be deemed to form part of any resultant contracts.

I/We will inform you immediately of any changes that occur before the application is accepted. I/We understand that failure to do so may result in the contract being declared void, and that a claim for the proceeds may not be paid.

*I/We authorise my/our financial adviser to act on my/our behalf to amend the sum(s) to be assured or term of the assurance applied for to correspond with any alteration in detail of the mortgage from that set out in this application and to agree the commencement date of the plan with VitalityLife.

*** Tick this box if you do NOT wish your Financial Adviser to act on your behalf to make changes or start the Plan**

I/We consent to VitalityLife seeking details of the mortgage from the lender.

I/We am/are aware that the income benefits I/we receive could affect the amount of any income support/income based Jobseekers Allowance, should I/We be eligible for state help.

General information

- By returning this form to us you consent to our processing sensitive personal data about you where this is necessary.
- Copies of the plan provisions, and the completed application form are available on request.
- If anyone else fills in this Application on your behalf, He/She does so as your agent and not as an agent of VitalityLife. He/She does not have the authority to accept this Application on behalf of VitalityLife.
- Completion of the direct debit instruction does NOT imply commencement of your plan assurance risk. VitalityLife's letter of acceptance will indicate when the plan will commence. In most instances your payments will be as originally quoted. Revised terms may be offered to you, for example if you have a birthday while your application is being processed but occasionally we may be unable to offer any terms.
- The direct debit instruction attached is designed to enable you to pay premiums to VitalityLife with the minimum of inconvenience as and when they fall due. If the amount payable under your instruction is due to be altered, VitalityLife will advise you of details of the new amount shortly before your account is due for debiting. Direct debits under this Instruction will be originated only in respect of premiums payable in accordance with the terms of the plan for which it is drawn.
- If the Applicant is not the life or lives to be assured, you must have sufficient insurable interest to be able to apply for the plan on this basis. If in doubt, please check with your financial adviser that sufficient insurable interest exists.

Data Protection Notice

Why should you read this notice?

We think it is important for all of our members to be made aware of what information Vitality holds about them and to have the reassurance of knowing that we comply with the data protection legislations. The following is a summary of our Privacy Policy. For details of the full Privacy Policy (effective from 25 May 2018) please visit vitality.co.uk/privacy.

Who Vitality are?

Vitality is part of the Discovery Group of companies and is owned by Discovery Limited, a financial services firm based in South Africa.

Vitality Corporate Services Limited is an authorised intermediary of Vitality Health Limited ("VitalityHealth"), Vitality Life Limited ("VitalityLife") and ("VitalityInvest"). Together Vitality arranges and administers products provided by VitalityHealth, VitalityLife and VitalityInvest. Vitality Corporate Services Limited is the data controller for the management of interactions between us and you; VitalityHealth and VitalityLife and VitalityInvest respectively are the data controllers for the personal data and special category data that you or your representative provide to us.

K. FULL PAPER APPLICATION CLIENT DECLARATION, AUTHORITY AND CONSENT - CONTINUED

Sharing your personal data

We may need to share your personal data for legal or regulatory purposes, with your authorised representative where you have appointed an insurance or financial adviser or with other companies in order to provide our products and services.

Processing claims

In the event of a claim we may require a medical report from your GP. Such a report will only be requested with your consent and will be in compliance with the Access to Medical Reports Act 1988 ('AMRA'). The information requested from your GP will be limited to only the information relevant to your claim. You have the right to request to see the GP's report and to request any amendments be made by the GP where you consider the data to be inaccurate. The GP may agree to this at his/her discretion. You will be informed about the AMRA process at the time we request your consent to enable us to ask your GP for a report.

We may have to give some information about your plan and about your health or medical status to those involved in your treatment or care, (and/or your representative if you have consented to us doing this). Any such disclosure will be done confidentially unless you specifically instruct us otherwise.

If the claimant is aged 13 or over we will address any correspondence to the claimant in order to protect their right to confidentiality. The planholder will be informed only that a claim has been made and the value of the payment we have made; no details about the medical condition or treatment provided will be disclosed to them. If the claimant wishes to waive their right to confidentiality they should inform us at the time the claim is made.

If you have another insurance plan that covers the same costs that you are claiming from us then we may also disclose your relevant personal data to that other insurer so that we can ensure we only pay our proportion of the claim.

Your information, and that of others also covered by the plan, may be disclosed to other parties (for example other insurance companies) with a view to preventing fraudulent or improper claims.

Marketing

Vitality Corporate Services Limited would like to send you information about our products and future products, which currently include health and life insurance, investments and general insurance. We are focused on bringing exciting new products to you and to enhance those already available by offering improved services and benefits as a Vitality member.

When you purchase a product from Vitality you will be provided with access to the Member Zone where you can manage your marketing preferences and choose your preferred method of receiving information about our products, services and the benefits at any time.

You can manage your marketing preferences and choose your preferred method of receiving information about our products, services and the benefits at any time by calling our customer services team.

Data protection complaints

We want all of our members to be happy with the way their personal data, health data and medical information has been processed by us. If you are unhappy about the way we have managed your personal data we would like to know about it as we are constantly striving to ensure we do the right thing and we would like to be able to put things right.

You'll find the contact details for our complaints teams at: vitality.co.uk/legal/complaints

However, if you are still dissatisfied you have the right to contact the Information Commissioner, who regulates compliance with data protection regulation and laws at: ico.org.uk

You can also call the ICO on 0303 123 1113 or 01625 545 745, or write to them at:

Information Commissioner's Office

**Wycliffe House
Water Lane
Wilmslow
Cheshire
SK9 5AF**

If you have any queries in respect of your data protection rights or the way your personal data is processed by Vitality, please call us on 0207 133 8600, or write to us at:

Data Protection Officer

**Vitality
70 Gracechurch Street
London
EC3V 0XL**

All information about data protection and privacy can be found at vitality.co.uk/privacy.

K. FULL PAPER APPLICATION CLIENT DECLARATION, AUTHORITY AND CONSENT - CONTINUED

IMPORTANT: Please complete this section with your client(s) if you are using this document as a full paper application form

DECLARATION

I/We have read the information relating to My/Our rights under the General Data Protection Regulation and the Data Protection Act 2018, the declaration, important notes and general information.

I/We hereby certify that the answers given have been accurately re-produced, that I/We have disclosed all material facts and I/We verify the truth of the answers. Moreover, I/We authorise that they form the basis of the contract applied for. In accordance with applicable Data Protection Laws (including, but not limited to all laws and regulations in the United Kingdom including the General Data Protection Regulation and the Data Protection Act 2018 and laws and regulations of the European Union, the European Economic Area and their member states, applicable to the processing of personal data and the interception of communications in place from time to time), the medical collections agent will hold information about me on their computer systems.

SIGNATURE OF LIFE ASSURED

Signature

X

Date

SIGNATURE OF APPLICANT IF DIFFERENT

Signature

X

Date

WHAT ARE THE NEXT STEPS IN THE APPLICATION PROCESS?

IMPORTANT: Please follow this information if you are submitting this application online in Adviser Hub at adviser.vitality.co.uk/life/.

- 1) Many applications can be approved without further underwriting. However if further underwriting is required, your client will be issued a letter keeping them informed.
- 2) Send us the appropriate documents
 - a) Detach the Access to Medical Reports Act 1988 form on pages 19-21 and return to us as indicated
 - b) If you are not completing the Direct Debit instruction online, please complete the paper version and obtain your client's signature. Please post the form to **VitalityLife, Sheffield, S95 1BW**.
- 3) If you find any errors or omissions, please call us and let us know on 0345 601 0072. You can notify us in writing on the form at the end of the confirmation schedule. If you are happy that the information in the confirmation schedule is complete and correct, you do not need to do anything further.
- 4) Once we have reached our underwriting decision your client will receive an acceptance letter. In some instances where special terms have been offered, we will need the client's signature before we can proceed.
- 5) Your client will receive their Welcome Pack including a plan schedule, plan summary and plan provisions, plus details about Vitality and how they can log into their Member Zone.

USEFUL TIP: As advisers, you can choose to receive your correspondence about the application from VitalityLife electronically via a secure inbox. In order to do so, you can update your settings in Adviser Hub. Simply click on Account Settings and update your answer for the question 'You can be kept informed of each application as it progresses through email alerts'.

MEDICAL DISCLOSURE QUESTIONNAIRES

IMPORTANT: If you provided a disclosure earlier in this form, please complete the relevant medical questionnaire and give us as much information as possible.

Diabetes:	Page 26
High Blood Pressure and Raised Cholesterol:	Page 27
Mental Health:	Page 29
Moles, Lumps, Cysts and Skin Lesions:	Page 30
Additional Disclosure 1:	Page 32
Additional Disclosure 2:	Page 34
Additional Disclosure 3:	Page 36

MEDICAL QUESTIONNAIRE – FOR DIABETES ONLY

PLEASE COMPLETE THE FOLLOWING QUESTIONS

DIABETES ONLY	Life Assured
What type of diabetes do you have?	Type 1 Type 2
When was your diabetes first diagnosed?	
<p>Have you ever had a heart attack, angina, stroke, blood vessel disease, circulation problems in your legs or feet, or kidney problems?</p> <p>If 'Yes' please provide as much information as possible.</p>	Yes No
<p>Have you been admitted to hospital with hyperglycaemia, hypoglycaemia, diabetic coma or any other reason related to your diabetes?</p> <p>If 'Yes' please provide as much information as possible, including date(s).</p>	Yes No
When was your last diabetic review, either with your GP or clinic/hospital?	
If known, what was the result of your last HbA1c?	
If known, what was the result of your last blood pressure reading?	
Are you on medication to either treat high blood pressure, or as a preventative measure to maintain your blood pressure at acceptable levels?	
If known, what was the result of your last cholesterol level?	
Are you on medication to either treat raised cholesterol, or as a preventative measure to maintain your cholesterol at acceptable levels?	
<p>Have you ever had any ulcers, numbness, tingling or loss of sensation in your fingers, toes, feet or legs?</p> <p>If 'Yes' please provide as much information as possible.</p>	Yes No
Have you ever had protein in your urine?	
<p>Have you ever had any diabetic eye problems?</p> <p>If 'Yes' please provide as much information as possible, including nature of any treatment received or planned.</p>	Yes No

If you need to advise us of any other disclosures please do so below.

MEDICAL QUESTIONNAIRE – FOR HIGH BLOOD PRESSURE AND RAISED CHOLESTEROL ONLY

PLEASE COMPLETE THE FOLLOWING QUESTIONS

HIGH BLOOD PRESSURE AND RAISED CHOLESTEROL ONLY	Life Assured
Please confirm whether you have been diagnosed with high blood pressure, raised cholesterol or both.	
<p>Apart from routine follow up appointments, are you awaiting medical tests or investigations, test results, referral to a specialist, clinic or hospital for high blood pressure and/or raised cholesterol?</p> <p>If 'Yes' please provide details including when you were first diagnosed with your condition, any consultations or treatment you've had to date and when your next appointment or test results are due.</p>	<p>Yes No</p>
<p>If you are taking medication, has this changed or increased to improve control of your condition within the last 6 months?</p> <p>If you are not on medication for either blood pressure or cholesterol, please select No.</p>	<p>Yes No</p>
For the following questions, please answer those which are relevant to your condition(s) as disclosed above:	
When did you last have your blood pressure checked by a medical professional?	

MEDICAL QUESTIONNAIRE – FOR MENTAL HEALTH ONLY

PLEASE COMPLETE THE FOLLOWING QUESTIONS

MENTAL HEALTH ONLY	Life Assured
What symptoms did you experience and when did they start?	
Did your condition start in reaction to a major life event such as pregnancy, bereavement, unemployment or divorce?	Yes No
Have you had more than one distinct episode of this condition (i.e. recurrent episodes)?	Yes No
What diagnosis was given?	
Within the last 3 years, what is the longest duration that your daily activities been restricted due to this condition (e.g. causing time off work, confinement to the house, bed rest etc)? Please answer in total days.	
Please give details of medication and/or treatment taken past and present, including dates and dosage.	
Have you required any of the following to treat this condition: hospital admission, referral to a psychiatrist, Lithium medication or ECT (electroconvulsive therapy)?	
Have you ever attempted: suicide, overdose, self-harm or had suicidal thoughts If 'Yes' please provide number of occasions and when last did this occur?	
Do you have any current symptoms? If 'Yes' please provide details? If 'No' please advise when last did you experience symptoms?	Yes No

If you need to advise us of any other disclosures please do so below.

MEDICAL QUESTIONNAIRE – FOR MOLES, LUMPS, CYSTS AND SKIN LESIONS ONLY

PLEASE COMPLETE THE FOLLOWING QUESTIONS

MOLES, LUMPS, CYSTS AND SKIN LESIONS ONLY	Life Assured
What type of lesion does this disclosure relate to (for example, mole, freckle, cyst, lump, lipoma, growth etc)?	
Does your disclosure relate to a single occurrence or multiple occurrences?	
Please describe the area(s) of the body this disclosure relates to.	
Have you consulted your doctor about this condition?	Yes No
<p>Are you awaiting any medical tests or investigations, test results, referral to hospital or surgery for this disclosure?</p> <p>If 'Yes' please provide details including all investigations performed so far, dates, results and further appointments due</p>	Yes No
<p>Have you ever been told any mole, growth, lump, cyst or other lesion was any of the following: cancerous, pre-cancerous, malignant, pre-malignant, BCC (Basal Cell Carcinoma) or SCC (Squamous Cell Carcinoma)?</p> <p>If 'Yes' please provide details of the diagnosis including when and where this was given.</p>	Yes No

<p>Have you had any treatment (surgery, radiotherapy, chemotherapy, hormone therapy or tablets (other than painkillers)) for this condition?</p> <p>If 'Yes' please provide details, including type of treatment, whether any follow up checks were required (except to remove stitches or check wound healing following any surgery) and relevant dates.</p>	<p>Yes No</p>
<p>Do you have any moles, cysts, lumps, growths or lesions still present?</p>	<p>Yes No</p>
<p>Have you now been discharged from follow up, with no further consultations, investigations, treatment or monitoring due?</p> <p>If 'No' please provide details of all planned tests, investigations or appointments, along with all relevant dates</p>	<p>Yes No</p>

If you need to advise us of any other disclosures please do so below.

MEDICAL QUESTIONNAIRE – ADDITIONAL DISCLOSURE 1

ADDITIONAL DISCLOSURE 1	Life Assured
What is the medical condition?	
Has the diagnosis been confirmed?	Yes No
Are you having any investigations into the cause of your symptoms? When did symptoms of this condition first occur? When did you last have symptoms?	Yes No
Do you have recurrent symptoms? If 'Yes', please give details of how many episodes or attacks of symptoms you have had since onset of condition and describe the nature and severity of the symptoms	Yes No
Do they restrict you in any way? If 'Yes', please give details of the problems experienced	Yes No
Have you seen a specialist for the condition? If 'Yes', please give their name and address, the last date you attended and whether you are still attending them or not.	Yes No
What medical investigations have been performed?	
What were the results (if known) and the dates they were done?	
Have all investigations now been completed?	
Are you waiting for any follow-ups or reviews? When did you last see your GP with this condition?	Yes No
How many times have you been admitted to hospital for this condition and when was the last time?	
When was the last time you went to hospital as an outpatient for investigations or check-ups for this condition?	

ADDITIONAL DISCLOSURE 1	Life Assured	
<p>What treatment has been prescribed? (This should include details of all oral steroid prescriptions, e.g. prednisolone.) Please continue on a separate sheet if necessary</p> <p>Is the treatment continuing? If 'No', when did it stop?</p>	Yes	No
<p>Is any operation planned or being considered? What type of operation? If 'Yes', when is it planned?</p>	Yes	No
<p>Have you required time off work? If 'Yes', please give the date you were first absent from work. The date you returned to work.</p>	Yes	No

If you need to advise us of any other disclosures please do so below.

MEDICAL QUESTIONNAIRE – ADDITIONAL DISCLOSURE 2

ADDITIONAL DISCLOSURE 2	Life Assured
What is the medical condition?	
Has the diagnosis been confirmed?	Yes No
Are you having any investigations into the cause of your symptoms? When did symptoms of this condition first occur? When did you last have symptoms?	Yes No
Do you have recurrent symptoms? If 'Yes', please give details of how many episodes or attacks of symptoms you have had since onset of condition and describe the nature and severity of the symptoms	Yes No
Do they restrict you in any way? If 'Yes', please give details of the problems experienced	Yes No
Have you seen a specialist for the condition? If 'Yes', please give their name and address, the last date you attended and whether you are still attending them or not.	Yes No
What medical investigations have been performed?	
What were the results (if known) and the dates they were done?	
Have all investigations now been completed?	
Are you waiting for any follow-ups or reviews? When did you last see your GP with this condition?	Yes No
How many times have you been admitted to hospital for this condition and when was the last time?	
When was the last time you went to hospital as an outpatient for investigations or check-ups for this condition?	

ADDITIONAL DISCLOSURE 2	Life Assured	
<p>What treatment has been prescribed? (This should include details of all oral steroid prescriptions, e.g. prednisolone.) Please continue on a separate sheet if necessary</p> <p>Is the treatment continuing? If 'No', when did it stop?</p>	Yes	No
<p>Is any operation planned or being considered? What type of operation? If 'Yes', when is it planned?</p>	Yes	No
<p>Have you required time off work? If 'Yes', please give the date you were first absent from work. The date you returned to work.</p>	Yes	No

If you need to advise us of any other disclosures please do so below.

MEDICAL QUESTIONNAIRE – ADDITIONAL DISCLOSURE 3

ADDITIONAL DISCLOSURE 3	Life Assured
What is the medical condition?	
Has the diagnosis been confirmed?	Yes No
Are you having any investigations into the cause of your symptoms? When did symptoms of this condition first occur? When did you last have symptoms?	Yes No
Do you have recurrent symptoms? If 'Yes', please give details of how many episodes or attacks of symptoms you have had since onset of condition and describe the nature and severity of the symptoms	Yes No
Do they restrict you in any way? If 'Yes', please give details of the problems experienced	Yes No
Have you seen a specialist for the condition? If 'Yes', please give their name and address, the last date you attended and whether you are still attending them or not.	Yes No
What medical investigations have been performed?	
What were the results (if known) and the dates they were done?	
Have all investigations now been completed?	
Are you waiting for any follow-ups or reviews? When did you last see your GP with this condition?	Yes No
How many times have you been admitted to hospital for this condition and when was the last time?	
When was the last time you went to hospital as an outpatient for investigations or check-ups for this condition?	

ADDITIONAL DISCLOSURE 3	Life Assured	
<p>What treatment has been prescribed? (This should include details of all oral steroid prescriptions, e.g. prednisolone.) Please continue on a separate sheet if necessary</p> <p>Is the treatment continuing? If 'No', when did it stop?</p>	Yes	No
<p>Is any operation planned or being considered? What type of operation? If 'Yes', when is it planned?</p>	Yes	No
<p>Have you required time off work? If 'Yes', please give the date you were first absent from work. The date you returned to work.</p>	Yes	No

If you need to advise us of any other disclosures please do so below.

Positively different.

Vitality LIFE INSURANCE

VitalityLife is a trading name of Vitality Corporate Services Limited. Vitality Life Limited (registration number 03319079) is the insurer that underwrites the VitalityLife plan. Vitality Corporate Services Limited (registration number 05933141) arranges and administers VitalityLife plans.

Registered offices at 3 More London Riverside, London, SE1 2AQ. Registered in England and Wales.

Vitality Corporate Services Limited is authorised and regulated by the Financial Conduct Authority. Vitality Life Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Calls may be recorded/monitored to help improve customer service.