

The Unisure quote and application process

For most, the Unisure application is an entirely online experience, which sets it apart from all the other international life insurance providers. The process takes from 15 to 30 minutes, divided into six sections.

You might want to scan the [blue text](#) to see what information you'll be asked to provide,

Section 1. Face-iT.

Unisure is in the process of rolling out a face scanning system that will be used to help assess your personal risk factors related to your physical condition. At this point in time, the company is merely collecting data, and the results of the scan itself will not have any effect on your policy or premiums. However, you must perform the scan in order to apply online.

In addition to the scan itself, this section also asks a series of questions about your health and lifestyle, which involves sharing personal information, some of it quite sensitive. Unisure is subject to the United Kingdom's data protection and privacy laws, so it has a robust set of policies and procedures to protect your data. In short, they will never share your data unless required by law. Details on their security and privacy policies are available [here](#).

The system first asks for some [basic demographic information](#) including your date of birth,

You then [select your policy term length](#), which is based on your age.

Next, [enter your cover amount in USD, GBP or EUR](#).

The system then sends a code to your email address to verify your identity; enter this code to continue.

The scan itself takes less than five minutes. You'll need to give access to your phone's or computer's camera, then sit still while the scan is performed.

Answers to the following frequently asked questions are available on the site before the scan:

- Why do I need to complete the Face-iT Scan?
- What will happen to my data?
- Can I request a copy of all of my personal data?
- Can I request the deletion of my personal data?
- What do I do if the Face-iT Scan is not working?
- I don't agree with my results. What now?
- When should I contact my doctor?
- How do I get the most accurate results from the scan
- Is the assessment storing pictures or videos of my face?
- How are my results calculated?
- What specific health or biometric data is captured and retained?

After the scan is done, there are a few more questions:

- Height and weight
- Smoking status
- Activity level
- Do you use chronic medication
- Do you use blood pressure medication?

Then the system calculates your score and reports on a number of risk factors, from Lower to Moderate to Higher Risk Status.

- Blood Pressure
- Resting Heart Rate
- Oxygen Saturation
- LDL Cholesterol
- HDL Cholesterol
- Triglycerides
- Total Cholesterol
- 10-year Cardiovascular Disease Risk
- Framingham Score Risk
- Body Mass Index
- Arterial Pressure
- Cardiorespiratory Fitness

That's the end of the Face-iT scan section. Next is a series of questions about your occupation, lifestyle and health history. This information is at the heart of how Unisure quantifies the risk you present.

Section 2. Employment status and occupation

- Do you work underground, underwater, at heights of more than three metres, offshore, and/or are there any hazardous aspects to your occupation?
- Are you required to travel to countries involved in conflict or war?
- Will you be changing your employment status in the next six months?
- Have you been advised by a doctor or specialist to change your occupation for health reasons?
- What is your monthly gross income in USD?
- What is the purpose of applying for this insurance policy?
- What is the current total of your liabilities, including any loans you are currently applying for?
- What is the total sum insured on all existing insurance policies on your life?
- Are you currently receiving debt counselling, have liabilities exceeding your assets, or have you been declared insolvent?
- Have you ever applied for life, critical illness, income protection or disability insurance, and had special terms imposed or had your application declined?

- Please outline how the sum insured for this application was calculated.
- Is the policy holder not the insured life? If No, enter some demographic information about the person who will be paying for the policy.

Section 3. Lifestyle.

Which of the following products do you use or have you used previously?

- Cigarettes
- Electronic Cigarettes
- Cigars or Pipes
- Chewing Tobacco or Snuff
- Shisha (Hookah/Hubbly-bubbly)
- Nicotine Gum or Patches
- I have never used any of these products

How frequently do you use, or did you use, these products?

How often do you consume alcoholic drinks?

Have you ever been advised by a medical professional to reduce or stop drinking alcohol?

Have you ever taken part in any therapy, counselling sessions or programmes to reduce or stop drinking alcohol?

In the last 10 years, have you used any of the following non-prescription or recreational drugs?

- Cannabis
- Ecstasy
- Cocaine
- LSD
- Heroin
- Anabolic steroids
- Other drugs - please specify
- I have never used any of these drugs
- If yes, how often

Do you currently engage in any of the following hobbies and activities or do you intend to start any of them?

- Private Aviation of Powered Aircraft
- Un-powered Aviation (Gliding, Paragliding, Parachuting)
- Motorsports - Motorbike (not motorbikes for transportation)
- Motorsports - Modified Production Car
- Recreational Scuba Diving
- Mountaineering
- Other Hobbies/Activities
- I don't participate in any of these activities

Section 4. Medical History. In this section, you will be asked whether you have had any of a long list of medical conditions.

Has any member of your immediate family suffered from any of the following conditions? This is the only question about your family's health.

- Cancer
- Cardiovascular Disease (or heart disease)
- Diabetes
- Motor Neurone Disease
- Huntington's Disease
- Polycystic Kidney Disease
- Porphyria
- Other hereditary diseases or conditions
- None of the above

Other than as a result of diet, exercise or pregnancy, has your weight increased or decreased by more than five kilograms in the last year?

Do you intend to see a doctor within the next three months other than for a routine check-up?

Which of the following medical disorders or conditions have you experienced?

- High Blood Pressure
- Elevated Cholesterol
- Heart Palpitations
- Chest Pain
- Heart Disorders
- Shortness of Breath
- Rheumatic Fever
- Stroke
- Poor Circulation
- Any other disorder of the circulatory system
- None of the above

Have you ever had any of the following?

- Heart problems
- Chest discomfort while exercising
- Vascular Disease
- Oedema
- Heart Palpitations
- Abnormal ECG
- None of the above

Have you ever been prescribed blood pressure lowering medication by a doctor or specialist?

Have you been prescribed more than one type of blood pressure control medication?

Are you due to have any follow-up appointments, reviews, tests or special investigations in the next 8 weeks?

Have you had a blood pressure test by a medical professional in the last 6 months?

Which of the following medical disorders or conditions have you experienced?

- Asthma
- Emphysema or Chronic Obstructive Pulmonary Disease (COPD)
- Pulmonary Tuberculosis
- Sleep Apnoea
- Lung Disease, persistent cough, shortness of breath or any other respiratory symptoms
- Any other disorder of the respiratory system
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Liver Disease or Abnormal Liver Function
- Gastric Ulcers
- Pancreatitis
- Crohn's Disease
- Ulcerative Colitis
- Rectal Bleeding
- Diverticular Disease
- Recurrent Indigestion or Irritable Bowel Syndrome
- Hepatitis
- Any other gastrointestinal disorders or conditions
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Kidney Disorders
- Bladder Disorders
- Prostate Disorders
- Reproductive System Disorders
- Any other disorder of either the urinary or reproductive system
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Rheumatoid Arthritis
- Systemic Lupus Erythematosus
- Any other systemic connective tissue disorders
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Migraines and Chronic (recurrent) Headaches
- Blackouts or Syncope
- Epilepsy
- Vertigo
- Paralysis
- Parkinson's disease
- Multiple Sclerosis
- Numbness
- Any other disorder of the neurological system
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Anaemia
- Insulin Resistance and/or Elevated Blood Sugar
- Diabetes
- Thyroid Disorders
- Bleeding Disorders
- Porphyrria
- Any other endocrine or blood disorders (including leukaemia)
- None of the above

Mental Health Conditions

Which of the following medical disorders or conditions have you experienced?

- Bipolar Disorder
- Major Depression
- Stress, Anxiety, Insomnia or Minor Depression
- Attention Deficit Disorders
- Schizophrenia
- Eating Disorders
- Any other mental health conditions
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Cancer
- Leukaemia
- Lymphoma
- Malignant Melanoma
- None of the above

Which of the following medical disorders or conditions have you experienced?

- Tested positive for HIV
- Viral, parasitic, bacterial or other infections

- None of the above

Having answered the above questions, in some instances you may be asked for additional information, including medical reports or exam results. You'll see the following statement and confirmation instructions:

To assess your application, we may need to request medical information from your doctor(s). The information you and your doctor provide will help us determine your eligibility for cover, including the premium rate and any potential exclusions.

Before we do, we want to ensure you understand the process: We'll ask your doctor to complete a medical report that includes questions about your health history. You can choose to review this report before it's submitted to us.

Your Privacy: We respect your privacy and will only request information in the medical report that is relevant to an application for life insurance.

Your Rights: You have the right to review the medical report prior to it being submitted to us and ask your doctor to correct anything you think is misleading or not factually correct. You also have the right to decline to provide the information requested and/or obtain a medical report, but we may not be able to proceed with your application if you do so.

Please Confirm

- I consent to a medical report being requested and DO want to see the medical report before it is released to Unisure.
- I consent to a medical report being requested BUT DO NOT want to see the medical report before it is released to Unisure.

Section 5. Personal Details. In this section, you'll be asked to provide more demographic data and confirm the information you provided.

- Passport number
- Phone
- Education level
- Address (should match a recent utility bill or other document you'll use to verify address)

Final Declaration

We are now ready to finalise your application. After you click 'I agree' below, you will not be able to change any of your answers. If you want to review before finalising, please use the links on the progress bar above to review each section of your application and ensure the details you have provided are accurate.

Please note that, before the Start Date, you are obliged to accurately disclose every Material Fact that you know or could reasonably be expected to know. This is any fact that a reasonable insurer would regard as likely to influence the assessment or acceptance of a person for life insurance cover (or the terms of that cover) or is likely to influence the assessment or approval of a claim. Failure to disclose a Material Fact may entitle the insurer to impose different terms on the life insurance cover, proportionately reduce the amount of any claim payable, or cancel the Policy with effect from the Start Date.

For the purpose of verifying your identity, we will share your name and address with Mitek Systems, Inc., a trusted third-party identity verification provider, who will conduct checks on our behalf. This processing is carried out in accordance with our data protection policy and applicable privacy legislation. You may decline this verification process; however, doing so will result in cancellation of your application in line with our data handling procedures.

By clicking 'I agree', you confirm that you have not omitted any Material Fact and that you understand and consent to the transmission of your name and address to Mitek for identity verification purposes.

Our team will assist you with appointing your beneficiaries after your policy has been issued; or to update any answers you wish to change before the Start Date.

The actual quote. At this point, the system will calculate your personalized premium.

You can take this opportunity to make changes to the Term, Sum Insured and Premium Structure to better align the policy with your financials. Just change the values and click Recalculate.

Click Done when everything looks right.

Section 6 . Know Your Customer (KYC) and Payment.

Know Your Customer is a mandatory due diligence process that UK financial institutions use to verify a customer's identity to prevent money laundering, terrorism financing, and fraud.

Unisure uses a third-party security company for KYC, called MiTek. The process is entirely digital – take a photo on your smart phone, upload your passport and a utility bill (or other documents can be accepted). Verification takes a few minutes.

Payment is made through the Unisure site using a third-party payment provider, Flywire. You can file your credit or debit card and let future payments just happen, or you can do a bank transfer.

The MiTek and Flywire processes are built into the Unisure website, so you don't need to login to multiple sites.

Once the payment has been accepted, your policy is active.