Payment Protection Insurance questionnaire

For bank use only				
Our reference				

Guidance notes

This questionnaire will help you explain to us what happened when the PPI policy was sold to you, and what your circumstances were at the time. Please provide as much detail as you can remember, as it will help us review your complaint. The information you provide should be from the time the policy was sold to you, not from today. Where you do not know the exact date, please provide an approximate month and year.

Additional help

Please get in touch if you need extra support. This could be because you have specific needs or because you have a physical or mental health condition. If you'd like us to communicate with you in a different format (such as large print), please let us know in Section 7.2.

We may contact you to discuss your complaint. **Please note:** If we call you, the call may appear on your phone as 'withheld'. If we're unable to reach you, we will call you again. If you have any questions or are unsure on how to complete this questionnaire, please call **0800 151 2449.**

If you're unhappy with the sale of more than one PPI policy

Please fill in a questionnaire for each PPI policy. We need to know your details from the time of each PPI sale. For example, you may have been unemployed at the time of one PPI sale, but had a job at the time of another PPI sale. If you're unable to provide a questionnaire for each PPI policy, we'll still assess your complaint for the questionnaire you've filled in. You can get more questionnaires by calling us on the above telephone number, visiting the PPI section of our website or photocopying this blank copy.

Other people named on the policy

If your policy also covered someone else, we need you to give us their details too. See Sections 2, 6, 7 and 10.

the PPI policy cover?	
Loan (Business) Mortgage ease give details below)	Credit Card

2 About you	
2.1 Your personal details	
Title Mr Mrs Miss Ms Other (please specify)	Your contact address (where we can write to you)
Your last name	
	Postcode
Your first names	Please list any of your past addresses in Section 7.
	Your telephone numbers and area dialling codes Select preferred contact number
Your date of birth	Mobile Home
Details of second named person on the account	Work
(if applicable):	Your contact number: It's likely we'll call you to discuss the complaint.
Title Mr Mrs Miss Ms Other (please specify)	Please provide us with the best number to contact you. Please state the best time(s) to contact you for further information. (please select all that apply)
Your last name	Mon Tue Wed Thu Fri
	AM
Your first names	PM D
Your date of birth	When is the best time to call?
D D M M Y Y Select preferred	ls a third party acting for you? Yes No
Your telephone numbers and area dialling codes contact number	(This could be a Claims Management Company (CMC),
Mobile	a friend or family member) If yes please complete Section 2.2. If no please go to Section 3.
Home	Please provide a password below. If we call you about your complaint,
Work	we will use this word to confirm your identity.
Is your contact address the same as the person Yes No named above?	Please note:
If no please provide the address in Section 7.	If we call you, the call may appear on your phone as withheld. If we're unable to reach you, we will call you again.
2.2 Details of the third party acting on your beha	alf (if applicable)
If a third party is acting for you, you should still complete this questionnaire. Please provide as much detail as you can remember, as it will help us review your complaint.	Claims Management Company name (if applicable)
Title Mr Mrs Miss Ms Other (please specify)	Contact address (where we can write to them)
Last name	Postcode
First names	Contact telephone numbers and area dialling codes
	Home
What is their Claims Management	Mobile
relationship Company Relative Solicitor to you?	Work
	Third party's reference
Other (please explain)	
	Please note: if you authorise a Claims Management Company (CMC) to act on your behalf, then you will need to pay their fees from any refund you may receive from us.

3 Your PPI policy	
3.1 About the sale of your PPI policy	
Why did you decide to take out the PPI policy?	Why are you unhappy with the PPI policy sold to you? (if you need extra space, please use Section 7)
How was the PPI policy sold to you? (e.g. branch, over the phone, Internet or something else)	
Where did the sale take place and who did you speak to (where applicable)? 3.2 About the use of your PPI policy	
Have you ever made a claim on Yes No Not known this PPI policy? If yes was this claim: Paid Rejected What was the reason for the claim and why, if applicable, was it rejected?	Please give details of the evidence that you have sent with this questionnaire
What was the period of the claim? Please be as precise as you can: (if the claim was rejected please include the period the claim would have been for).	Have you now returned to work? If yes please give start date Please confirm below any further details of your claim that you believe are important: i.e. have you made any other Insurance claim in respect of the above, reasons you believe that a rejected claim should have been paid?
Date from Date to Date	

4 About the money you borrowed	
What was your reason for borrowing the money:	
Refinancing or consolidating other debts	Business loan
To purchase a property	Non-essential spending (for example buying a new TV)
Paying for home improvements	Essential everyday spending (for example rent, household bills or food shopping)
Paying for a wedding	Other (please give details below)
Paying for a holiday	
Buying a vehicle	
If the reason for borrowing the money was to buy a vehicle, how long did you intend to keep the vehicle for?	
Was any of the money used to pay off other debts? Yes No	
If yes please tell us more about those debts	

5	Personal circumstances when you took out the policy (first named policy holder)					
5.1	Your savings					
At the po	oint of sale, did you have any savings? Yes No					
IMPORTANT:						
• If y	ou did have savings, how much?					
If you don't know the exact amount, please provide an estimate.						
Amount	what were your savings for? (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? restrictions on the savings (e.g. name of bank or building society) Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)				
5.2	Your employment status					
	d to understand your employment status at the time the PPI as sold to you. Please provide as much detail as you can.	If you were employed when you took out the PPI policy please answer the following:				
At the tin	ne you took out this PPI policy, what was your employment status?	What was the name of your employer when you took out the PPI policy?				
Employe	Self ed employed Retired Unemployed	What type of work did you do when you took out the PPI policy?				
	Temp/agency					
Part time		How much were you paid per year (before tax)? (If you don't know the exact amount, please enter an estimate) £				
Other (p	please specify)					
* If you v	worked part time when you took out the PPI	What date did you start this employment? D D M M Y Y				
-	hat were your contracted hours?	Were you paying National Insurance Contributions At the time you took out the policy?				
		If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?				
		Did you have more than one job at the time you Yes No purchased the policy?				
		If you had more than one job, please provide full details in Section 7. (including the number of hours you worked each week)				

5	Personal circumstances when you took out the not	iov (first named n	olicy bo	older) continued		
	5.3 Your employee benefits (if applicable)					
This s	ection is very important. You may want to contact you to confirm your answers.	r employer at the tir	ne the P	PI policy was sold		
from you from you fry fry	me of the sale of the policy, would you have received any pay are employer: ou were off work due to an accident or sickness? ou were made redundant? ou died?	No	Not known	N/A (e.g. not employed)		
IF YOU	WERE NOT EMPLOYED WHEN YOU TOOK OUT THE PPI POLICY PLEA	ASE GO STRAIGHT TO SE	CTION 5.4	l. 		
If yes pl	ease confirm the benefit details:					
Yes	No Sick pay (payment from your employer if you're too ill to work)	Number of weeks full pay OR		Number of weeks of months half pay half pay		
	Redundancy	Number Number of weeks of months salary salary		Lump sum		
	(payment from your employer if you're made redundant)	OR	OR			
	Death in Service (payment from your employer if you had died while employed)	Number of years salary	OR	Lump sum		
	Other					
5.4	Change in employment status					
-	r employment status changed since s out the insurance? Yes No					
Please	If Yes please confirm the following: Please provide full details of the change(s) (e.g. unemployed, employed, self employed, retired, taken up a second job, became a student etc.) Date when you became aware that this change was going to occur Change took place					
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				MM YY		
				M M V V		
			/ Y	M M V V		
			/ V	M M V V		
			Y	MMYY		
		M M Y	Y	M M Y Y		

5	Personal circumstances when you took out the policy (first named policy holder)	continued				
5.5	Your health					
At the tir	ne of the sale of the policy, did you have a disability or any health problems?	Yes No				
	id, when did the condition(s) first start? e unsure of the exact date, please enter an approximate date.	MYY				
Please	give full details of the condition(s)					
Has the	condition resulted in you having time off work?	Yes No				
If you ha	ave been off work due to this condition, when was this and how long were you off work for?					
At the tir	me the PPI policy was sold to you, did you receive any benefits because you couldn't work due to your health?	Yes No				
lf you d	id please provide full details, such as the date of your first claim. If you're unsure of the exact date, please enter an approxi	mate date.				
5.6	About any other insurances					
other ins	At the time of the sale, did you have any other insurance (e.g. that you would use to cover your monthly payments)? Yes No If yes did the insurance also cover the other policy holder in Section 6?					
If yes pl	ease confirm the benefit details:					
Voo	Purpose & provider of insurance Lump	How long would it have paid for?				
Yes	No Type of benefit (e.g. Mortgage – Scottish Widows) Weekly Monthly Sum Value of benefit £ Accident & sickness	paid for :				
	Unemployment					
	Critical illness cover					
	Life cover					
	Other					
If other	please provide details:					

6	Personal circumstances when you took out the policy (Second named/joint policy holder)						
6.1	Your savings						
At the po	oint of sale, did you have any savings? Yes No						
IMPORT	IMPORTANT:						
If you did have savings, how much?							
If you don't know the exact amount, please provide an estimate.							
Amount	What were your savings for? of savings £ (e.g. vehicle, holiday, wedding, rainy day etc.)	Where were these savings held? (e.g. name of bank or building society) Were there any withdrawal restrictions on the savings account? (e.g. 90 days notice)					
0.0	Value and law and addition						
6.2	Your employment status						
	d to understand your employment status at the time the PPI as sold to you. Please provide as much detail as you can.	If you were employed when you took out the PPI policy please answer the following:					
At the tin	ne you took out this PPI policy, what was your employment status?	What was the name of your employer when you took out the PPI policy?					
Employe	Self ed employed Retired Unemployed						
		What type of work did you do when you took out the PPI policy?					
Part time	Temp/agency e * worker Student Homemaker	How much were you paid per year (before tax)?					
		(If you don't know the exact amount, please enter an estimate) £					
Other (p	lease specify)	What date did you start this employment?					
		D D M M Y Y					
-	worked part time when you took out the PPI hat were your contracted hours?	Were you paying National Insurance Contributions At the time you took out the policy?					
		If you indicated a different status than employed (e.g. Retired, Student, etc.) what date did this start?					
		Did you have more than one job at the time you Yes No purchased the policy?					
		If you had more than one job, please provide full details in Section 7. (including the number of hours you worked each week)					

6	Personal circumstances when you took out the policy (Second named/joint policy holder) cont.						
6.3	Your employee benefits (if applicable)						
This section is very important. You may want to contact your employer at the time the PPI policy was sold to you to confirm your answers.							
At the time of the sale of the policy, would you have received any pay from your employer: if you were off work due to an accident or sickness? if you were made redundant? if you died? IF YOU WERE NOT EMPLOYED WHEN YOU TOOK OUT THE PPI POLICY PLEASE GO STRAIGHT TO SECTION 6.4.							
If ves pl	ease confirm the benefit details:						
	TYPE OF BENEFIT No	Number of weeks full pay		Number of months full pay		Number of weeks half pay	Number of months half pay
	Sick pay (payment from your employer if you're too ill to work)		OR		AND/OR	OF	t
		Number of weeks salary		Number of months salary		Lump sum	
	Redundancy (payment from your employer if you're made redundant)		OR		OR		
	Death in Service	Number	of year	s salary		Lump sum	
	(payment from your employer if you had died while employed)				OR		
	Other						
0.4	Characteristics and a second as well as the second as the						
6.4	Change in employment status						
-	r employment status changed since Yes No out the insurance?						
If Yes pl	ease confirm the following:						
-	provide full details of the change(s) (e.g. unemployed, employed, self employed	oyed,	awaı	when you re that this	change	Date wher	
retired, t	aken up a second job, became a student etc.)			going to o		change to	•
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					Y		
			M	M	Υ	\mathbb{M}	Y
			M	M	Υ	$\mathbb{M} = \mathbb{M}$	Y
			M	M	Υ	\mathbb{M}	Y
			M	M	Υ	\mathbb{M}	Y
			M	M	Y	M	Y

6	Personal circumstances when you took out the policy (Second named/joint policy holder) cont.				
6.5	Your health				
At the tir	me of the sale of the policy, did you have a disability or any health problems? Yes No				
	If you did, when did the condition(s) first start? If you are unsure of the exact date, please enter an approximate date.				
Please	give full details of the condition(s)				
Has the	condition resulted in you having time off work? Yes No				
If you ha	ave been off work due to this condition, when was this and how long were you off work for?				
At the tir	me the PPI policy was sold to you, did you receive any benefits because you couldn't work due to your health? Yes No				
lf you d	id please provide full details, such as the date of your first claim. If you're unsure of the exact date, please enter an approximate date.				
6.6	About any other insurances				
other ins	me of the sale, did you have any Surance (e.g. that you would use your monthly payments)? Yes No If yes did the insurance also cover the other policy holder in Section 5?				
If yes pl	ease confirm the benefit details:				
Yes	Frequency of benefit: How long Purpose & provider of insurance Lump would it have No Type of benefit (e.g. Mortgage – Scottish Widows) Weekly Monthly Sum Value of benefit £ paid for?				
	Accident & sickness Accide				
	Unemployment				
	Critical illness cover				
	Life cover				
	Other				
If other	please provide details:				

the insurance?)	s. This could be ar	apple, what questions were you asked and what were you told about mything else that you think may be relevant to your complaint.
7.1 Change in circumstances		
Since the time the policy was sold to you, have there been any changes in your circumstances? Such as, you have received an inheritance or no longer live in the UK.	Yes No	If yes please provide full details including the date you first became aware of the change. If you're unsure of the exact date, please enter an estimated date.
If yes when did this occur?		
D D M M Y Y		

Additional information

7	Additional information continued	
7.2	Accessibility and Practical Needs	
Please tell us if you need some extra support or have any specific needs, (e.g. someone helps manage your affairs), or you have a physical or mental health condition. Also if you need us to communicate with you in a different format (e.g. large print), let us know here. Please note, by completing this section you consent to us recording all details you share, which might include sensitive information such as your health. This will only be used in relation to your PPI complaint.		
8	Payment details	
you via	hold your complaint, you may be due a payment. Please provide details of your preferred method of payment below. We will aim to pay your preferred method, but in some circumstances, we may not be able to do so. Our final response letter will confirm how we will pay you. Sort code	
	Account Holder	
Q	Document checklist	
9 Document checklist Do you have any of the following documents from the time the policy was sold? If you do, please send us copies, as it will help with the review of		
your col		

10 Your declaration			
I confirm that I would like my concerns about the sale of PPI to be investigated. I confirm that the details I've provided in this questionnaire are true and accurate to the best of my knowledge.	If a third party is acting for you, you should still sign below. We'll take this as confirmation that you've authorised the third party noted in Section 2.2 to handle this complaint for you.		
First named person on the account:	Second named person on the account (if applicable):		
Full name (please print)	Full name (please print)		
Signature	Signature		
Date	Date		
10.1 Your personal data			
To answer your complaint, we will use the personal data you have given us, or that we store in our systems. We may share this with the suppliers that help us to process our complaints. You can read more about how we use your personal data in our privacy notice: www.lloydsbankinggroup.com/privacy/	If you've given us personal data about someone else, please make sure you have their consent to do this.		