



## Your Application

Cirencester friendly  
The income protection people

**For office  
use only**

REF \_\_\_\_\_

### For Financial Adviser use only

Please complete the following information for processing purposes.

IFA Name and Correspondence Address

FSA Company Ref. No. \_\_\_\_\_

FSA Individual Ref. No. \_\_\_\_\_

Broker Code (if known) **B** \_\_\_\_\_

Tel \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

*(This will be used for contacting you about the application)*

Network name (if applicable) \_\_\_\_\_

### Confirmation of Verification of Identity

I/we confirm that:

- the information in this section was obtained by me/us in relation to the customer;
- the evidence I/we have obtained to verify the identity of the customer;

*(tick only one)*

a) meets the standard evidence set out within the guidance for the UK Financial Sector issued by JMLSG; or

b) exceeds the standard evidence

Signed: \_\_\_\_\_

Name (CAPITALS): \_\_\_\_\_

Position: \_\_\_\_\_

Date: \_\_\_\_\_

**Important note regarding Adviser status:** As Income Assured Plus has an investment option you **must** be authorised by the Financial Services Authority to give investment advice to your clients on the suitability of this product (CF30).

### BEFORE this application is completed please answer the following:

- Are you a resident of the UK with no immediate intention to live or work permanently abroad? Yes  No
- Are you at least 16 years of age but have not yet reached the age of 60? Yes  No
- Are you employed or self-employed earning more than £4,550 per year or performing the functions of a bona fide houseperson? Yes  No
- Have you been registered with a UK GP continuously for the last 5 years? Yes  No

**If you can tick 'yes' to all of the questions in this section you can apply for Income Assured Plus.**

**Dear Applicant,**

**PLEASE ENSURE YOU READ THESE IMPORTANT NOTES BEFORE COMPLETING THE APPLICATION.**

- You are applying for an income replacement insurance contract and it is very important that you answer all the questions in this, your application, as fully and honestly as possible as they are relevant and important and you will be responsible for the answers given. You are advised to complete the form yourself, but if your financial adviser completes the form you must check the answers given for accuracy and completeness.
- You need to include any material fact which is one which could affect the terms of acceptance by the Society or the payment of any claim.
- If you do not tell us about a material fact this could result in your application being declined or your contract with the Society cancelled.
- If your contract is declined or cancelled due to non-disclosure of a material fact or misrepresentation then any monies paid to the Society, together with any claims made upon the funds, will be forfeited.
- If you are in any doubt as to whether a fact is material you must tell us about it in this, your application.
- Disclosure on the application will be treated in accordance with our confidentiality policy.
- The Society will rely on what you tell us and you must not assume that we will clarify or confirm the information provided.
- There are a number of ways in which we might obtain further information in order to assess your application including conducting an interview over the telephone. If we use a telephone interview to gather medical information, a specially trained interviewer will contact you on our behalf to arrange a convenient time to do this. We will not make checks in relation to every application.
- Copies of the completed application and the full terms and conditions of membership contained in the Rules are available on request free of charge.
- The Society reserves the right to apply special terms or decline or postpone any application.

# Protection People

PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS, ANSWER ALL QUESTIONS AND WHERE APPLICABLE TICK YOUR CHOICE  ANY ADDITIONAL NOTES CAN BE MADE ON PAGE 16

## A Your details

We will use this information to update you on the status of your application or for other service related matters.

1. Have you previously applied to the Society for membership or are you a current/past member of the Society? Yes  No

If 'yes' please provide membership or previous reference number

2. Mr  Mrs  Ms  Miss  Other  If 'other' please specify

First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

3. Address \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

4. How long have you lived at this address? Years \_\_\_\_\_ Months \_\_\_\_\_

5. Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Mobile) \_\_\_\_\_

**You must provide a valid telephone number on which a specially trained interviewer may contact you on our behalf for any further medical information.**

6. Email address \_\_\_\_\_

7. From time to time the Society would like to contact you by post or email regarding products or services we offer. Your details will not be shared with any third parties for marketing purposes. Please refer to page 18 for details of Data Protection Guidelines. *Please complete*

Please keep me informed  Please do not send me any information

8. Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_ Age \_\_\_\_\_

9. If you were not born in the UK, how many years have you lived here?

10. Is this application linked to a mortgage? Yes  No

If 'yes', please state anticipated moving date \_\_\_\_\_

New address (if known) \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

## B Your occupation

References to 'occupation' mean the carrying on of a trade, profession, occupation, vocation or any other work from which you derive your earnings.

1. What is your main occupation? \_\_\_\_\_

2. Are you (tick all that apply): employed  self-employed  in partnership  company director  or houseperson  (this option may not be selected if you have ticked any of the other options)

If a mix of employed and self-employed please provide details

\_\_\_\_\_  
\_\_\_\_\_

3. Are you currently working? Yes  No

If 'no' please provide details

\_\_\_\_\_  
\_\_\_\_\_

4. How long have you been in your current job? Years \_\_\_\_\_ Months \_\_\_\_\_

5. Are you on a fixed term contract? If solely self-employed please tick 'no'. Yes  No

If 'yes' please give date of commencement \_\_\_\_\_ termination \_\_\_\_\_

6. Do you work continuously throughout the year? Yes  No

If 'no' please indicate i) any gaps in working during the last 2 years (including length of time and dates) ii) reasons for the gaps and iii) whether this is likely to change

\_\_\_\_\_  
\_\_\_\_\_

7. How is your occupation made up in percentage terms?

manual	_____ %
supervisory	_____ %
administrative	_____ %
other	_____ %

**100%**

If 'other' please provide details

\_\_\_\_\_  
\_\_\_\_\_

8. Do you have any other occupations? Yes  No

If 'yes' please provide details. Include any sports or hobbies for which you receive payment

\_\_\_\_\_  
\_\_\_\_\_

# Protection People

9. How is/are your other occupation(s) made up in percentage terms?

manual	_____	%
supervisory	_____	%
administrative	_____	%
other	_____	%
		<b>100%</b>

10. How many hours per week do you work

a) in your main occupation? \_\_\_\_\_

b) in your other occupations? (If applicable) \_\_\_\_\_

Please provide details

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11. What were your earnings from all work in the last 12 months?

**Employed** £ \_\_\_\_\_ (Indicate your gross annual salary)

**Self-employed** £ \_\_\_\_\_ (We require your taxable profit from your business)

**Director in a private limited company, no more than 3 other shareholder directors**

<b>Salary</b>	£ _____	(Indicate your gross annual salary)
<b>+</b>		
<b>Dividends</b>	£ _____	(Indicate your dividend payments from the company's regular business in the last 12 months)

12. In the event of making a claim, will you be able to provide evidence that supports the earnings you have told us about in question B11? (see Note 1)

Yes  No

If you select 'no', please be aware that any future claim may be restricted.

## Important Information (Note 1)

In the event of a claim we will need to see original documentary evidence of your earnings in the 12 month period immediately before you became unable to work through your incapacity;

- If you are employed – we will require printed payslips, P60 and, if applicable your P11D.
- If you are self-employed or in partnership – we will require your most recent business accounts and latest agreed HM Revenue & Customs Tax Assessment.
- If you are employed as a shareholder director within a private limited company with not more than 3 other shareholder directors we will require evidence of the dividends you have received from your company's regular business, plus your printed payslips, P60 and, if applicable your P11D.
- If you select the Houseperson definition, we reserve the right to obtain, where relevant, proof of any income.

13. In your present job will you be called upon to work outside the UK? Yes  No   
*If 'yes' please provide details of where, duration and frequency*

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14. Do you pay UK tax (including Channel Islands and Isle of Man) on your earnings? Yes  No   
*If 'no' please provide details*

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15. Have you taken time off work through illness or accidental injury in the last 2 years? Yes  No   
*If 'yes' how many days? \_\_\_\_\_*

*Please provide details of illness or incapacity and when they occurred*

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16. Are you entitled to any earnings or Company sick pay from work if you are off work due to illness or accidental injury? Yes  No

*If 'yes', please state how much and whether this would be paid weekly, monthly or as a lump sum? £ \_\_\_\_\_*

*For how long would you receive this? \_\_\_\_\_*

## C Your income protection needs

PLEASE TICK YOUR CHOICE  (Please refer to the Key Features Brochure to make your selection).

1. Have you received a Key Features Brochure for Income Assured Plus? Yes  No   
*If 'no' please ask your Financial Adviser or the Society for a copy.*

2. What level of weekly cover do you require? £ \_\_\_\_\_  
*(This must not exceed 60% of the total earnings you state in Question B11 on page 5) Each unit of cover provides £10.50 per week in benefit. Fractions of units do not apply. A minimum of £52.50 and a maximum of £787.50 per week applies.*

3. In the event of a claim when would you like sick pay benefit to be paid from?  
 Day One  After 1 week  After 4 weeks  After 8 weeks  After 13 weeks   
 After 26 weeks  After 52 weeks

4. Would you like accident protection cover? *This option is not applicable for Day One contracts.* Yes  No

5. At what age from 50 to 65 inclusive would you like cover to cease? \_\_\_\_\_

6. If you have selected age 65 would you like this to automatically increase in line with the state retirement age? Yes  No

7. Would you like the investment option? Yes  No, I wish to deselect the investment option

8. What disability definition do you require?

Own throughout *(decreasing benefit)*

Own/own suited after 52 weeks of claim *(level benefit)*

Houseperson *(restricted level benefit)*

*The Houseperson definition is only available to applicants fulfilling the definition of a bona fide houseperson. Please refer to the Society's Rules and the Key Features Document for details.*

9. Do you require index-linking? Yes  No   
*This option is not available to housepersons.*

# Protection People

10. Have you EVER had an application for life, income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts declined, offered or accepted at other than standard terms? Yes  No

*If 'yes' please indicate the reason, type of cover, date and terms of the offer*

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11. Are you now, or are you proposing to be, insured elsewhere for income protection or any other insurance providing for the payment of benefit in relation to incapacity due to sickness or accidental injury? Yes  No

*If 'yes' please provide details*

Name of Company or Society \_\_\_\_\_

Amount of insurance: *Please state amount and tick frequency* £ \_\_\_\_\_

per week  per month  per annum

Do you intend to continue this insurance? Yes  No

12. Have you EVER made any claims on income protection, mortgage protection, payment protection, critical illness, or waiver of premium, personal sickness and/or accident insurance contracts currently or previously held? Yes  No

*If 'yes' please provide details with approximate dates, durations and reason for the claim(s)*

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13. Have you EVER made any claims for compensation in relation to an injury, accident or any other condition? Yes  No

*If 'yes' please provide details with approximate dates, outcome and reason for the claim(s)*

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14. When would you like your contract to commence?

As soon as possible  Undecided  Specified date \_\_\_\_\_

15. When would you like your premium payments to be collected?

6th of the month  18th of the month

*If no date is given payments will be taken on the 6th of the month.*

## D Your health

To help us process your application without delay and offer you the correct terms it is **very important** you give us as much information as you can about your health. You can provide extra detail using the 'Additional Notes' section on page 16.

If you answer 'yes' to a question but prefer not to give the detail to your Financial Adviser you can send it direct to our Underwriting Department marked 'Private and Confidential'. Please also refer to page 18 Access to Medical Reports and Data Protection.

**If you answer 'yes' to any question in this section, please provide details of:**

- the conditions
- treatments
- recommended remedies
- dates
- duration
- time off work
- results of tests
- any other after effects you may have suffered.

If you are unclear about any of the questions we ask or the terms we use our Underwriting Team will be happy to explain. When we talk of 'practitioners' this includes the likes of doctors, health professionals, chiropractors, osteopaths, physiotherapists, acupuncturists, herbalists, chiropodists, and counsellors. When we refer to 'treatment' we are talking of 'tablets' (prescribed and over the counter), medicine, injections, inhalers, physiotherapy, prescribed exercise, acupuncture and Cognitive Behaviour Therapy (CBT). If you are in any doubt speak to us.

### Tele-underwriting - your choice

On occasion we use specially trained interviewers to obtain further medical information over the telephone. We appreciate that not every applicant wants to be interviewed over the telephone. If you would prefer not to have a telephone interview you can choose the traditional paper based route. Not all applicants will need to be tele-interviewed, but if you do, we will need to know which route to take. Please let us know whether we can tele-interview you, if needed, by ticking one of the options below.

- Yes, I would be happy to be tele-interviewed
- No, I would not like to be tele-interviewed

#### What are the benefits of choosing the tele-interview route?

- Reduces the need for the Society to request medical questionnaires/statements from you and GP reports from your Doctor
- Once our tele-interview is complete, this should, in most cases, negate the need for us to request further medical information
- Speeds up the application process

#### What happens if I choose the tele-interview route?

- Your Financial Adviser will give you a copy of 'A Guide to Tele-Interviews' to read
- If you are selected for interview, you will be contacted by the specialist tele-interview company to arrange and conduct the interview
- This company will produce a tele-interview report which will be used by the Society to help decide on the terms that can be offered

**Please note:** In all cases, this section of the application (Section D 'Your health') must be completed.

# Protection People

## CURRENT HEALTH

- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| 1. Do you have any condition, disease, disorder or disability? <i>(including conditions you were born with)</i>                | <input type="radio"/> | <input type="radio"/> |
| 2. Are you receiving any treatment on a regular or occasional basis? <i>(eg. tablets, medicine, injections, physiotherapy)</i> | <input type="radio"/> | <input type="radio"/> |
| 3. Are you under the care of any health practitioner?  | <input type="radio"/> | <input type="radio"/> |
| 4. Are you awaiting any referral, tests, results, treatment, surgery or health advice?   | <input type="radio"/> | <input type="radio"/> |
| 5. Do you have any current symptoms for which you might seek medical attention or advice in the future?                        | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details as indicated in the introduction to this section for (1) to (5) inclusive

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## LIFESTYLE

### 6. Alcohol and Tobacco:

a) What is your average **weekly** consumption of alcohol and tobacco?

*1 Pint = 2 Units, 1 Glass of Wine/Measure of Spirits = 1 Unit*

**Alcohol** \_\_\_\_\_ units per week      **Tobacco** \_\_\_\_\_ per week

b) Have you smoked tobacco during the last 12 months?      Yes  No

c) Have you EVER been advised to reduce your consumption of alcohol or tobacco?      Yes  No

*If 'yes' please advise when, by whom and why?*

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d) Have you EVER received medical advice, counselling or treatment in connection with alcohol consumption, or in connection with any alcohol abuse, addiction, or concerns?      Yes  No

*If 'yes' please provide details as indicated on page 8*

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### 7. Pastimes and hobbies:

a) Do you currently or have you any prospect or intention of engaging in hazardous activities?      Yes  No

*(e.g. Racing on wheels, hang gliding, flying other than as a fare paying passenger etc)*

*If 'yes' please provide details of this activity*

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b) How often do you engage in this activity? \_\_\_\_\_ per year

c) Have you EVER been injured as a result of your pastimes/hobbies referred to above?      Yes  No

*If 'yes' please provide details of nature of injury, dates and duration of problem*

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8. Have you had a positive HIV/AIDS or hepatitis B or C test or been tested positive for a sexually transmitted disease or infection? Yes  No

*If 'yes' please provide details as indicated on page 8*

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9. Have you used drugs other than for prescribed purposes?

*If 'yes' please provide details as indicated on page 8*

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10. Do you engage in regular physical exercise?

*If 'yes' please state type of exercise, frequency and duration*

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## MEDICAL DETAILS

11. What is your **Height** and **Weight** *(clothed without shoes)*

**Height** \_\_\_\_\_ ft \_\_\_\_\_ ins **or** \_\_\_\_\_ cms      **Weight** \_\_\_\_\_ st \_\_\_\_\_ lb **or** \_\_\_\_\_ kg

12. **Breathing:** have you EVER had Yes  No

a) lung disease, bronchitis, chest disorders or problems, or asthma?

b) hayfever or problems with your sinus, nose or throat?

*If 'yes' please provide details as indicated on page 8 for (12a) and (12b)*

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13. **Muscles, bones and joints:** have you EVER had Yes  No

a) gout, arthritis, rheumatism, muscular or joint pain/disorder?

b) a disorder of the back, neck or spine, including lumbago, sciatica or prolapsed disc?

c) a shoulder, elbow, wrist, hand or finger complaint?

d) a knee, ankle, hip, foot or toe complaint?

e) a repetitive strain injury?

f) a hernia?

g) any broken bones? *If 'yes', please advise which bone, when it was broken and whether surgery was required in each case of a break, and whether there are any ongoing problems*

h) osteoporosis, conditions/disorder of the bones?

*If 'yes' please provide details as indicated on page 8 for (13a) to (13h) inclusive*

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# Protection People

14. **Digestion:** have you EVER had
- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) recurrent indigestion/heartburn, a hiatus hernia or stomach ulcer?                | <input type="radio"/> | <input type="radio"/> |
| b) Crohns disease, ulcerative colitis, coeliac disease?                              | <input type="radio"/> | <input type="radio"/> |
| c) irritable bowel syndrome, haemorrhoids/piles, bowel disease?                      | <input type="radio"/> | <input type="radio"/> |
| d) any disorder of the pancreas, gall bladder or liver? <i>(including hepatitis)</i> | <input type="radio"/> | <input type="radio"/> |
| e) any stomach or bowel problems?  | <input type="radio"/> | <input type="radio"/> |

*If 'yes' please provide details as indicated on page 8 for (14a) to (14e) inclusive*

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15. **Heart and circulation:** have you EVER had
- |  | Yes                   | No                    |
|--|-----------------------|-----------------------|
| a) a heart attack, heart disease, angina or chest pain?                              | <input type="radio"/> | <input type="radio"/> |
| b) raised blood pressure, palpitations, heart or circulation problems?               | <input type="radio"/> | <input type="radio"/> |
| c) advice that your cholesterol is raised or been advised to reduce your fat intake? | <input type="radio"/> | <input type="radio"/> |
| d) varicose veins, deep vein thrombosis or thrombophlebitis?                         | <input type="radio"/> | <input type="radio"/> |
| e) a stroke or brain haemorrhage?  | <input type="radio"/> | <input type="radio"/> |
| f) anaemia or blood disorder?  | <input type="radio"/> | <input type="radio"/> |

*If 'yes' please provide details as indicated on page 8 for (15a) to (15f) inclusive*

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16. **Skin:** have you EVER had
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a) eczema, dermatitis or psoriasis?               | <input type="radio"/> | <input type="radio"/> |
| b) abnormal skin reactions, infections/disorders? | <input type="radio"/> | <input type="radio"/> |

*If 'yes' please provide details as indicated on page 8 for (16a) and (16b)*

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17. **Metabolism:** have you EVER had

Yes No

a) diabetes or sugar in urine?

b) a thyroid disorder, vitamin deficiency or hormonal/glandular disorder?

c) any allergies?

*If 'yes' please provide details as indicated on page 8 for (17a) to (17c) inclusive*

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18. **Mental health:** have you EVER had

Yes No

a) a psychiatric disorder, depression, anxiety, eating disorder, stress, panic attacks, tension, fatigue, insomnia, mental illness, anger management, nervous breakdown, bereavement reaction, or counselling?

b) any debility, post viral/chronic fatigue or ME?

*If 'yes' please provide details as indicated on page 8 for (18a) and (18b)*

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19. **Nervous system:** have you EVER had

Yes No

a) vertigo, dizziness, blackouts, fits, paralysis or epilepsy?

b) frequent or recurrent headaches, migraines?

c) conditions or disorders of the nervous system?

*If 'yes' please provide details as indicated on page 8 for (19a) to (19c) inclusive*

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# Protection People

20. **Eyes and ears:** have you EVER had Yes No

a) any eye infection, glaucoma, cataract or any other eye condition?

b) problems with hearing, ear infection, balance disorder or any other ear condition?

*If 'yes' please provide details as indicated on page 8 for (20a) and (20b)*

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21. **Urinary system:** have you EVER had Yes No

a) kidney stones, kidney or bladder infections or complaints?

b) any condition/disorder of the urinary system?

c) blood, sugar or protein in urine?

*If 'yes' please provide details as indicated on page 8 for (21a) to (21c) inclusive*

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22. **Cancer:** have you EVER had Yes No

a) a diagnosis of cancer/malignant tumour?

b) a diagnosis of a pre-malignant condition or benign tumour or polyp?

*If 'yes' please provide details as indicated on page 8 for (22a) and (22b)*

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23. **Female applicants only:** have you EVER had Yes No

a) an abnormal cervical smear or problems relating to periods or the female reproductive system?

b) any breast lumps/discomfort or abnormalities?

*If 'yes' please provide details as indicated on page 8 for (23a) and (23b)*

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24. **Male applicants only:** have you EVER had Yes No

a) a disorder of the prostate?

b) a testicular disorder?

c) any problems relating to the male reproductive system?

*If 'yes' please provide details as indicated on page 8 for (24a) to (24c) inclusive*

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25. **Miscellaneous:** have you EVER Yes No

a) been advised by any other doctor, practitioner, counsellor, chiropodist, chiropractor, osteopath, physiotherapist, acupuncturist, herbalist etc, on your health or wellbeing?

b) had any investigation or hospital treatment not already detailed on the application form?

c) had any diseases, disorders or disabilities in the past that are not already disclosed in any other question?

*If 'yes' please provide details as indicated on page 8 for (25a) to (25c) inclusive*

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# Protection People

## FAMILY HISTORY

26. Have any of your family EVER had
- |   | Yes                   | No                    |
|---|-----------------------|-----------------------|
| a) any hereditary condition(s) or condition(s) they were born with? | <input type="radio"/> | <input type="radio"/> |
| b) cancer?  | <input type="radio"/> | <input type="radio"/> |
| c) any mental illness?  | <input type="radio"/> | <input type="radio"/> |
| d) heart disease, raised blood pressure or stroke?                  | <input type="radio"/> | <input type="radio"/> |
| e) diabetes?  | <input type="radio"/> | <input type="radio"/> |

*If 'yes' please provide the following information:*

Which relative(s)? \_\_\_\_\_

What was the condition? \_\_\_\_\_

What was their age at onset? \_\_\_\_\_

27. Have you EVER been advised to under go any tests due to your family member's medical history?  Yes  No

*If 'yes' please provide details as indicated on page 8*

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**ACCESS TO MEDICAL REPORTS ACT 1988**

- I have read the explanation of my rights under the Access to Medical Reports Act 1988 (page 18) and consent to the Society being provided with my medical information, including copies of my medical records, from any doctor who has attended me concerning anything which affects my physical or mental health or condition.

I wish to see the report before it is sent to the Society  Please tick if you wish to see the report before it is returned to us.

**DATA PROTECTION ACT 1998**

- I have read the explanation of the Data Protection Act 1998 (page 18) and I consent to the Society being provided with confidential information from other insurers or third parties concerning my application including, but not limited to, information concerning my physical and/or mental health, previous or concurrent applications for life or health insurance and any relevant financial information.
- I authorise the release of confidential information, including but not limited to, information concerning my physical and/or mental health or condition obtained by the Society, to any doctors or specialists appointed by the Society in relation to the application and to any third party who requires such information for lawful purposes.
- I understand a specially trained interviewer may contact me with regards to further medical information for my application for Income Assured Plus and I consent to this process.

**CONTRACT AGREEMENT**

- I have read and understood the important information on page 2 of this application form.
- I have read over the replies to all of the questions in this form and I accept responsibility for the accuracy of the answers and statements given, even if they were recorded on my behalf and confirm that they are true and complete and I have disclosed all information material to my application. I consent to the Society undertaking any other enquiries they consider necessary concerning this application.
- I understand that the Memorandum and Rules along with the Schedule 2 to the Rules constitute the contract between me and the Society and it is important for me to read these within 30 days of receipt. *(If there are any terms that you do not understand or do not wish to agree to please discuss it with us or your financial adviser before signing. Only sign this application if you wish to be bound by the terms and conditions).*
- I shall advise the society in writing of any changes in my health and other circumstances (including financial) which happen before the contract commences.
- I hereby apply for membership of the Society and agree to abide by the Society's Rules, present and future. I further agree that if I have knowingly made any incorrect statement in this, my application, the Rules of the Society will be strictly applied.

Signature

Date

Full name *(block capitals please)*


- Please complete the Direct Debit form at the end of the application.

**THE NEXT STEPS**

- Your contract will commence, and therefore the Society's liability will commence when your application has been accepted AND the premium due has been paid in full or we have a completed valid Direct Debit Instruction. We will then proceed with the preparation of contract documents. Acceptance of your application will not prejudice your right to cancel cover in accordance with the regulatory 'cooling off' provisions.
- If for any reason acceptance cannot be assumed immediately, we will write to you and await your agreement and/or payment before the contract commences.
- On acceptance, if the commencement date is 2 months after the application has been signed, a Declaration of Acceptance will be required, if after 4 months of the application being signed a further Declaration of Acceptance will be required, if after 6 months, a new application will be required.
- An acknowledgement email will be sent to your IFA on acceptance to confirm the exact date of commencement before contract documentation is issued.

**PAYMENT OF CONTRIBUTIONS BY DIRECT DEBIT**

- A Direct Debit is essential for any contract for which premiums are paid monthly and the amounts increase at regular intervals like Income Assured Plus.
- Advance notice of the payment to be collected will be sent with the contract documentation. Direct Debit is a simple method of payment and is recommended in all cases.

**WE RECOMMEND YOU TAKE A COPY OF YOUR COMPLETED APPLICATION FORM  
– IF ANYTHING CHANGES YOU MUST TELL US ABOUT IT**

## IMPORTANT INFORMATION FOR ALL APPLICANTS WHICH SHOULD BE READ CAREFULLY

### ACCESS TO MEDICAL REPORTS ACT 1988

- Before we can apply for a medical report from a doctor who has cared for you, we need your consent by signing Section E Declarations and Consents.
- Before doing so, however, you should read this note carefully as it sets out your rights under the Access to Medical Reports Act 1988 and the procedures for dealing with reports.
- You do not have to give your consent but, if you do, you can say whether you wish to see the report before it is sent to the Society.
- If you do not give consent, we may be unable to proceed with your proposal for insurance.
- If you say you wish to see the report (we will tell you at the same time as we write to the doctor, and we will tell him/her you wish to see the report), you will then have 21 days to contact the doctor about arrangements for you to see the report.
- Of course, the quicker you act, the quicker your proposal for insurance can be considered.
- If you do not say you wish to see the report, we do not have to notify you if we apply for one.
- However, if, before such a report is sent to us, you write to the doctor saying you wish to see it, you will then have 21 days to contact the doctor about arrangements for you to see the report.
- Whether or not you say you wish to see the report before it is sent to us, the doctor must let you see a copy for up to 6 months after it is supplied, if you ask.
- If you ask the doctor for a copy of the report, he/she can charge you a reasonable fee to cover his/her costs.
- Once you have seen a report before it is sent to us, the doctor cannot submit it until he/she has your consent.
- You can write to the doctor, asking him/her to amend any part of the report which you consider to be incorrect or misleading and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.
- The doctor is not obliged to let you see any part of the report if, in his/her opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intentions towards you, or if disclosure would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information relates to, or has been supplied by, a health professional involved in caring for you.
- In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report.
- If it is the whole report which is affected, the doctor must not send it to us unless you give your consent.

### DATA PROTECTION ACT 1998

- For the purpose of the Data Protection Act 1998 the Data Controller in relation to the information you supply is the Cirencester Friendly Society Limited. Any information about you will be put on our database and held in accordance with the Data Protection Act 1998.
- It will be used for the purposes of processing this application and administering your membership.
- We may conduct, or have conducted on our behalf, checks with external agents in connection with this application for validation purposes.
- We or our agents may ask you for more information, or carry out further checks and searches when assessing your application for the purposes of fraud prevention and verification.
- We may share information about you with:-
  - Third parties – including but not limited to Trustees in Bankruptcy, reinsurers, underwriters, financial institutions, credit reference agencies and medical agencies (including UK and abroad) and sub-contractors and agents in order to provide you with the service applied for, for fraud prevention or so that services may be processed on our behalf.
  - Government regulators and the Ombudsman to help resolve a complaint or for audit purposes.
  - Other insurance companies who require the information for lawful purposes.
- If you ask, we will tell you what information we hold about you and provide a copy in line with the Data Protection Act 1998 (a fee is payable). You should let us know if you think any information we hold about you is inaccurate, so we can correct it.
- On request from you we will forward you a copy of our Subject Access Request (SAR) forms for completion. You will be required to send the completed forms to us enclosing proof of ID and the specified fee. On receipt of completed and signed forms, your request will be processed and a response made within 40 calendar days from the date they are received. All SAR requests will be subject to legal restrictions placed on disclosure.
- To help improve our service and in the interests of security we may monitor and/or record your telephone calls with us.
- **NOTICE** – Insurers and Friendly Societies pass information on claims concerning income protection insurance, critical illness insurance and waiver of premium benefits to the Income Protection Claims Register, run by the Association of British Insurers.
- The aim is to prevent duplicate fraudulent claims. When you make a claim, we may notify the register of that event.

## INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please fill in the form and return to **Cirencester Friendly Society Limited, 5 Dyer Street, Cirencester, Glos. GL7 2PP.**

### Instructions to your Bank or Building Society.

Please pay Cirencester Friendly Society Limited Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Cirencester Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society.

To: The Manager <hr/> <div style="text-align: right;">Bank or Building Society</div> <hr/> Address <hr/> <hr/> <hr/> Postcode <hr/>
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Originator's identification number

9	3	0	3	7	9
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Originator's Reference

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Name of account holder

Branch sort code

--	--	--	--	--	--

Bank/Building Society account number

--	--	--	--	--	--	--	--

Signature

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Any queries concerning this mandate should be addressed to: Cirencester Friendly Society Limited (address as above).

### DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Cirencester Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Cirencester Friendly Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by Cirencester Friendly Society Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when Cirencester Friendly Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



Cirencester friendly  
*The income protection people*

Cirencester Friendly Society Limited  
5 Dyer Street, Cirencester, Glos. GL7 2PP

**Tel: 01285 652492/653073**

**Fax: 01285 641246**

Email: [info@cirencester-friendly.co.uk](mailto:info@cirencester-friendly.co.uk)

[www.cirencester-friendly.co.uk](http://www.cirencester-friendly.co.uk)

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