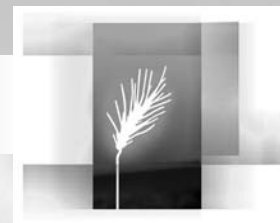


Income Assured Plus



Application to Amend your Contract

Cirencester friendly
The income protection people

For office
use only

REF	WORK TYPE	COMMISSION TYPE	BDC
STANDARD TERMS		MISSING INFO	

For Financial Adviser use only

Please complete the following information for processing purposes.

Correspondence Address

Tel _____

Fax _____

Email _____

Network name *(If applicable)* _____

Have you included?

Verification of Identity Certificate Yes No

Personal Illustration (Quotation) Yes No

Advice given to applicant? Yes No

FSA Company Ref. No. _____

FSA Individual Ref. No. _____

Broker Code *(If known)* B _____

Important note for all applicants which should be read carefully

You are applying to vary an existing income replacement insurance contract with the Society and it is very important that you answer all the questions in this, your application for amendment, as fully and honestly as possible. 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 to amend your contract being declined or even your existing contract with the Society being 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 to amend your contract. The Society will rely on what you tell us and you must not assume that we will clarify or confirm the information provided.

If you are applying to reduce your cover, or from when it starts to be paid, or selected maturity age, removing accident protection or index-linking, taking a premium holiday or choosing the investment only option, you need not complete Section D of this application. However, you need to be aware that if you have made claims under the contract, or your health has deteriorated since you first applied to join the Society, any future application to increase your cover or selected maturity age beyond 12 months, add accident protection, index-linking or protection to your contract or resume premium payments after a premium holiday of more than 24 months will be subject to underwriting. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

Copies of the completed application to amend your contract and the full terms and conditions of membership contained in the Rules are available on request.

The Society reserves the right to apply special terms or decline any application.

If the Society has not received a commencement date within two months of the date on the application form it will be necessary for the applicant to complete and sign a Health Declaration. If the Society does not receive the Health Declaration within a further two months of issue a new application form will be required and this will be subject to further underwriting, if necessary, at cost to the applicant.

The Income

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 12

A Your details

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

1. Please insert your existing Contract Number
2. Mr Mrs Ms Miss Other *If 'other' please specify*
First name(s)
Surname
3. Address

Postcode
4. Telephone No. (Home) (Work)
(Mobile)
5. Email address
6. 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. *Please complete*
Please keep me informed Please do not send me any information
7. Date of birth Place of birth Age
8. Is this application to amend your contract linked to a mortgage? Yes No
If 'yes', please state anticipated moving date
New address (*if known*)

Postcode

B Your occupation

1. What is your main occupation?
2. Are you: employed self-employed mix of employed/self-employed houseperson
If a mix of employed/self-employed please provide details
3. Are you currently working? Yes No
If 'no' please provide details
4. Are you on a fixed term contract? Yes No
If 'yes' please give date of commencement termination

Protection People

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

manual	<input type="text"/>	%
supervisory	<input type="text"/>	%
administrative	<input type="text"/>	%
other	<input type="text"/>	%
100%		

6. Do you have any other job(s)?

Yes No

If 'yes' please provide details

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

manual	<input type="text"/>	%
supervisory	<input type="text"/>	%
administrative	<input type="text"/>	%
other	<input type="text"/>	%
100%		

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

Employed (*Gross salary*)

£

Self-employed (*taxable net profit from your business*)

£

9. Are you employed as a director within a private limited company with not more than 3 other shareholder directors?

Yes No

If 'yes' what dividend payments did you receive from the company's normal regular business in the last 12 months?

£

10. Do you ever work outside the UK?

Yes No

If 'yes' please provide details of where and duration/frequency

11. Are you a UK tax payer?

Yes No

If 'no' please provide details

12. Have you taken time off work through illness or accident in the last 2 years?

Yes No

If 'yes' how many days?

Please provide details of the illness or incapacity and when it occurred

13. Are you entitled to any earnings from work if you are off work due to illness or accident?

Yes No

If 'yes' how much? £

How long?

C Your Income Protection Needs

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

If your income protection needs have changed you can amend your existing contract by making your selection from the following. When making your choice please read the important note accompanying each change.

1. Have you received a Key Features Brochure for Income Assured Plus? Yes No

If 'no' ask your Financial Adviser or the Society for a copy

2. **Level of cover**

a) Would you like to increase your weekly cover? Yes No

b) Would you like to reduce your weekly cover? Yes No

If 'yes' what level of weekly cover do you require?

£

Important note: Weekly cover is based on the number of units held payable at the rate of £10.50 each. This rate will remain level throughout claim when the own/own suited or houseperson disability definition is selected but will reduce over the term of the claim when the own throughout disability definition is chosen. Minimum weekly cover is £52.50 and the maximum at application is £787.50. Maximum sick pay is 60% of earnings less certain stipulated deductions or, if lower, the amount of cover corresponding to the units held. Your weekly cover will be based on the maximum number of complete units permissible but not more than your stated weekly requirement. You should always ensure the amount of weekly cover you select is appropriate to your personal circumstances which could change over time.

3. **Type of cover**

What cover would you like? Protection with investment Protection only Investment only

Important note: Protection with investment enables you to cover yourself for income loss when disabling illness prevents you from earning a living and build up a capital sum which is currently tax-free and payable at the maturity of your contract. Protection only does not contain an investment element which may be added at a later date without underwriting. Once you have paid at least 24 months premiums you will be eligible to select the investment only option for the times you no longer require income protection but wish to build a capital sum. If you have a capital balance then early closure of your contract before you reach your selected retirement age will attract a penalty. Should you choose the investment only option any future application to restore protection cover will be subject to underwriting by the Society. This may result in different terms being applied to your contract, or, in some circumstances, the Society being unable to offer you the cover you require.

4. **Cover from**

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

Important note: In deciding which option to choose you should consider such things as what you receive from your employer when you are off sick and any other insurances you might have which provide benefits when you suffer illness or accident leading to time off work and/or lost earnings. Should you claim within 30 days of a reduction in the waiting period you will be required to serve a 30 day qualifying period from the date of the change plus any new deferred period. Please note that where the combined period exceeds the original period of deferment the lesser period will apply. Where the waiting period is increased the change will take effect immediately. Should you chose to increase the period of deferment any future application to reduce it will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

5. **Accident protection (deferred contracts only)**

a) Would you like to add accident protection? Yes No

b) Would you like to remove accident protection? Yes No

Important note: For an additional premium the accident protection option provides sick pay cover from day one during the deferred (or waiting period) in the event of an accident leading to more than 3 consecutive days off work. Cover will commence 30 days after acceptance of risk by the Society. In the event that accident protection cover is discontinued any future application to reinstate cover will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

Protection People

6. Cover to

At what age from 50 to 65 inclusive would you like cover to cease?

If you have selected age 65 would you like this to automatically increase in line with the state retirement age?

Yes No

Important note: You may vary your selected maturity date subject to a minimum term of at least 5 complete calendar years remaining (January to December inclusive) until maturity. Should you decide to reduce your selected retirement age any future application to increase it will be subject to underwriting by the Society. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require.

7. Disability definition

What disability definition would you like to apply at claim?

Own throughout Own/own suited after 52 weeks of claim Houseperson

Important note: If you select the own occupation throughout option this will mean that in order to claim sick pay benefit you will need to show the Society that as a result of your disabling illness you are totally unable to perform the job(s) you have undertaken in the 12 months prior to the onset of the incapacity. If you choose the own/own suited disability definition option and the claim continues beyond 12 months you will need to demonstrate that you are unable to follow the occupation(s) you performed in the 12 months prior to the onset of the incapacity or any occupation for which you are suited by training, education or experience. The houseperson disability definition is only available to applicants who are performing the role of a houseperson and satisfy the definition and has limited sick pay benefit entitlement. If you select own occupation throughout claim your sick pay benefit will reduce to 75% of initial entitlement after 52 weeks of claim and 50% after 104 weeks of claim. It will return to the full rate of entitlement if you return to work and do not make a claim for at least 12 months provided you do not simply stop claiming in order to resume the full rate of sick pay benefit. If you choose own/own suited or houseperson (if appropriate) your sick pay benefit will not reduce over the duration of the claim. You may not amend your disability definition if you have submitted a claim for sick pay or are receiving sick pay.

8. Career break premium holiday

a) Would you like to suspend the payment of your premiums? Yes No

b) Would you like to resume the payment of your premiums? Yes No

If 'yes' on what date would you like this to take effect?

Important note: You must have paid a minimum of 12 months premiums or have a credit balance standing to your name with the Society to be eligible to select the career break premium holiday option. During your premium holiday no claims or benefits will be admitted or paid but bonus allocations will continue to be added to your credit balance if you have one. If you do not recommence the payment of your premiums within 24 months of the commencement of your premium holiday your weekly cover will be reduced to £52.50 and a houseperson disability definition will apply when you restart your premiums. You remain eligible to apply to the Society to amend these terms subject to application and underwriting. This may result in different terms being applied to your contract or, in some circumstances, the Society being unable to offer you the cover you require. If you resume the payment of your premiums within 24 months of the commencement of your premium holiday then once you have completed a minimum of 3 consecutive months back at work you will be eligible to claim the same benefits that were available to you before you commenced your career break premium holiday.

9. Index-linking inflation proofing

a) Would you like to add index-linking? Yes No

b) Would you like to remove index-linking? Yes No

Important note: With index-linking your units of cover will be reviewed annually on 1st January. If there has been an increase in the index adopted by the Society in the year to 30th September before the 1st January then your cover will be automatically increased provided it results in the addition of at least 1 complete unit of cover. For each additional unit added under the index-linking option there will be an additional premium payable under the published rate table. Should you decide to remove index-linking no further units of cover will be added automatically and sick pay and the investment element (if selected) will be affected. Should you choose to remove index-linking any future application to add it will be subject to underwriting by the Society and may result in different terms being applied to units added under the index-linking option. The index-linking option is not available when the houseperson disability definition is selected.

The Income

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 provide details

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 accident? 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. With the exception of your contract with the Society, have you ever made any claims on income protection, mortgage protection, payment protection, critical illness, waiver of premium, personal sickness and/or accident insurance contracts currently or previously held? Yes No

If 'yes' please provide details with approximate dates and duration

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 and outcome

14. When would you like your amendments to take effect?

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

It is **very important** that you provide us with as much information as possible about your health to ensure that we offer you the correct terms of cover. If you answer 'yes' to any of the following medical questions please supply as much detail as possible in the space provided below each block of questions. If you answer 'yes' to any of the medical questions but would prefer not to disclose the detail to your Financial Adviser, you may send them in confidence direct to the Society's underwriting department.

To help us process your application with the minimum of delay, please give us as much detail of the conditions, treatments and recommended remedies, dates, the duration, and any other aftereffects you may have suffered.

If you are unsure about any of the questions or the words we are using please contact the Society's underwriting department who will be pleased to explain. The term 'practitioner' includes doctors, chiropractors, osteopaths, physiotherapists, acupuncturists, herbalists and counsellors. Where questions refer to 'treatment' please include tablets (whether prescribed or over the counter), medicine, injections, inhalers, physiotherapy, prescribed exercise, acupuncture and Cognitive Behaviour Therapy (CBT).

To leave Section D intentionally blank

I have read the important note on the front cover and do not wish to complete Section D of this application to amend my insurance contract with the Society.

Please tick if Section D is not completed.

Protection People

GENERAL

- | | Yes | No |
|--|-----------------------|-----------------------|
| 1. Do you have any condition, disease, disorder or disability? <i>(including congenital conditions)</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 professional? | <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 symptoms for which you might seek medical attention in the future? | <input type="radio"/> | <input type="radio"/> |
| 6. Have you consulted or received any advice or treatment from a health practitioner in the last 5 years? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (1) to (6) inclusive

LIFESTYLE

- | | Yes | No |
|---|-----------------------|-----------------------|
| 7. Have you ever been advised to reduce your consumption of alcohol or tobacco? | <input type="radio"/> | <input type="radio"/> |

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

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 Yes No

Have you smoked cigarettes during the last 12 months?

- | | | |
|---|-----------------------|-----------------------|
| 8. Have you any prospect or intention of | | |
| a) flying other than as a fare paying passenger? | <input type="radio"/> | <input type="radio"/> |
| b) engaging in hazardous activities? <i>(e.g. Racing on wheels, hang gliding etc)</i> | <input type="radio"/> | <input type="radio"/> |
| c) residing or working outside the UK? <i>(in the foreseeable future)</i> | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (8a) to (8c) inclusive

MEDICAL DETAILS

9. Please state your **Height** and **Weight** *(please provide details clothed without shoes)*

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

- | | Yes | No |
|---|-----------------------|-----------------------|
| 10. Breathing: have you EVER had | | |
| a) lung disease, bronchitis, or asthma? | <input type="radio"/> | <input type="radio"/> |
| b) hayfever, or problems with your sinus, nose or throat? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (10a) and (10b)

The Income

11. **Muscles, bones and joints:** have you EVER had
- | | Yes | No |
|--|-----------------------|-----------------------|
| a) gout, arthritis, rheumatism, muscular or joint pain/disorder? | <input type="radio"/> | <input type="radio"/> |
| b) a disorder of the back/neck/spine, including lumbago, sciatica or prolapsed disc? | <input type="radio"/> | <input type="radio"/> |
| c) a shoulder, elbow, wrist, hand or finger complaint? | <input type="radio"/> | <input type="radio"/> |
| d) a knee, ankle, hip or foot complaint? | <input type="radio"/> | <input type="radio"/> |
| e) a repetitive strain injury? | <input type="radio"/> | <input type="radio"/> |
| f) a hernia? | <input type="radio"/> | <input type="radio"/> |
| g) any broken bones? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (11a) to (11g) inclusive

12. **Digestion:** have you EVER had
- | | Yes | No |
|---|-----------------------|-----------------------|
| a) recurrent indigestion/heartburn 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 disorders of the pancreas, gall bladder or liver? <i>(including hepatitis)</i> | <input type="radio"/> | <input type="radio"/> |
| e) a hiatus hernia? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (12a) to (12e) inclusive

13. **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, brain haemorrhage or blood disorder? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (13a) to (13e) inclusive

Protection People

14. **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 for (14a) and (14b)

15. **Metabolism:** have you EVER had
- | | Yes | No |
|---|-----------------------|-----------------------|
| a) diabetes? | <input type="radio"/> | <input type="radio"/> |
| b) a thyroid disorder, vitamin deficiency or hormonal/glandular disorder? | <input type="radio"/> | <input type="radio"/> |
| c) any allergies? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (15a) to (15c) inclusive

16. **Mental health:** have you EVER had
- | | Yes | No |
|--|-----------------------|-----------------------|
| a) depression, anxiety, stress, tension, insomnia, mental illness, anger management, nervous breakdown or counselling? | <input type="radio"/> | <input type="radio"/> |
| b) any debility, post viral/chronic fatigue or ME? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (16a) and (16b)

17. **Nervous system:** have you EVER had
- | | Yes | No |
|--|-----------------------|-----------------------|
| a) vertigo, dizziness, blackouts, fits, paralysis or epilepsy? | <input type="radio"/> | <input type="radio"/> |
| b) frequent headaches, migraines or disorders of the nervous system? | <input type="radio"/> | <input type="radio"/> |

If 'yes' please provide details for (17a) and (17b)

The Income

18. **Eyes and ears:** have you EVER had Yes No
- a) any eye infection, glaucoma, cataract or other eye condition?
- b) problems with hearing, ear infection, balance disorders or other ear condition?

If 'yes' please provide details for (18a) and (18b)

19. **Urinary system:** have you EVER had Yes No
- a) kidney stones, kidney or bladder infections, condition/complaints?
- b) any condition/disorder of the urinary system?

If 'yes' please provide details for (19a) and (19b)

20. **Cancer:** have you EVER had Yes No
- a) a diagnosis of cancer/malignant tumour?
- b) a diagnosis of a pre-malignant condition, benign tumour or polyp?

If 'yes' please provide details for (20a) and (20b)

21. **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 for (21a) and (21b)

Protection People

22. **Male applicants only:** have you EVER had

Yes No

a) a disorder of the prostate?

b) any problems relating to the male reproductive system?

If 'yes' please provide details for (22a) and (22b)

23. **Miscellaneous:** have you EVER

Yes No

a) had a positive HIV/AIDS or hepatitis B or C test or been tested positive for a sexually transmitted disease?

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

c) had any other illness or injury or condition requiring investigation or hospital treatment not already referred to in any other question?

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

e) used any drugs other than for prescribed purposes?

If 'yes' please provide details for (23a) to (23e) inclusive

FAMILY HISTORY

24. Have any of your family EVER had

Yes No

a) any hereditary or congenital disease?

b) cancer?

c) any mental illness?

d) heart disease, raised blood pressure or stroke?

e) diabetes?

If you have answered 'yes' to any of the above please provide the following information:

Which relative(s)?

--

What was the condition?

--

What was their age at onset?

--

Protection People

E Declarations and consents

Before signing this application form please read the important note for all applicants on the front cover, page 14 and these declarations carefully.

ACCESS TO MEDICAL REPORTS ACT 1988

1. I have read the explanation of my rights under the Access to Medical Reports Act 1988 (page 14) 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

- 2a. I have read the explanation of the applicability of the Data Protection Act 1998 (page 14) and I consent to the Society being provided with confidential information concerning my application including, but not limited to, information concerning my physical and/or mental health or condition from any third party.
- 2b. 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.
3. 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.
4. I hereby apply to amend the terms of my membership of the Society in accordance with this application form and understand that, if approved, the changes contained in this application shall amend, where appropriate, the contract between me and the Society. I 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)*

The Society MUST be notified of any changes in your health and circumstances prior to the commencement of risk. Please complete the Direct Debit at the end of the application.

COMMENCEMENT OF CONTRACT

Provided your application is acceptable to the Society and you have submitted a Direct Debit Instruction, then, unless you have given specific instructions to the contrary, we will assume commencement immediately and proceed with the preparation of contract documents.

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.

In either situation it is essential that you notify us of any changes in your health and circumstances which occur between the date of completion of the Application to Amend your Contract Form and the date of acceptance by the Society.

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 our Terms of Acceptance. Direct Debit is a simple method of payment and is recommended in all cases.

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

Information about you will be put on our database and used by Cirencester Friendly Society Limited ('the Society') for the purposes of processing this application.

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.

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

Bank or Building Society

Address

Postcode

Originator's identification number

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Originator's Reference

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Name of account holder

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Branch sort code

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Bank/Building Society account number

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Signature

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Date

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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 take part in the Direct Debit Scheme. The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment date changes, Cirencester Friendly Society Limited will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Cirencester Friendly Society Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Cirencester Friendly Society Limited.



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

www.cirencester-friendly.co.uk

Cirencester friendly is a trading name of Cirencester Friendly Society Limited.
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