## **CHANGE IN** EMPLOYMENT CIRCUMSTANCES



Name

Membership Number

## IMPORTANT INFORMATION: PLEASE READ BEFORE COMPLETING THIS FORM.

This form is to be used if the circumstances of your employment are changing (change in job, employer, salary, hours etc.). If you have any queries please contact Member Services on 0800 587 5098.

This questionnaire may highlight changes in your circumstances which could affect your contract with the Society. Please take care to include any material facts in this questionnaire. A material fact is a piece of information, circumstance or fact that would be important to a decision or outcome such as payment of a claim. If you do not tell us about a material fact this could lead to any monies paid to the Society together with any claims made being forfeited. If you are in any doubt as to whether a fact is material you should tell us about it.

Please return the completed form to: Member Services, Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ or via email to memberservices@cirencester-friendly.co.uk.

IN	EW EMPLOYMENT DETAILS							
1.	Employment and duties (please tell us about your new employment circumstances)							
	a) Job Title							
	b) Duties (please list)							
2.	Date these changes came into effect /	/						
3.	Does your new employment involve work outside of the UK?							
	If 'yes' please provide details of where, duration and frequency							
4.	1. How many days a week will you work in your new employment?							
5.	Please state your new annual work earnings							
	Employed (gross salary)	£						
	Self-employed (your pre-tax earnings if known)	£						
	Self-employed (your anticipated* pre tax earnings, if actual earnings not yet known)	£						
	*Please note that any claim benefit payable will be based on actual earnings, not anticipated earnings							
	Partnership (your pre-tax earnings) If 'partnership' your percentage share of this profit	£ %						
	Employed as a Director within a private limited company with not more than 3 other shareholder directors (gross salary)  If applicable, dividend payments received from the	£						
	company's normal regular business / normal trading activities in the last 12 months	£						
6.	Are you entitled to any earnings from work if you are o	off work due to illness or accident?	Yes	No				

If 'yes' please confirm how much you would receive and for how long

If you have more than one occupation, please complete the question set again. For more than two occupations, please provide the information required on a separate document or in the email/letter to our Member Service Team.

1.	Employment and duties (please tell us about your new employment circumstances)  a) Job Title								
	b) Duties (please list	t)							
2.	Date these changes	came into effect	/	/					
3.	Does your new emp	oloyment involve work	outside of th	e UK?			Yes	No	
	If 'yes' please provide	details of where, duration	on and freque	rncy					
4.	How many days a week will you work in your new employment?							days	
5.	Please state your ne	ew annual work earning	gs						
	Employed (gross sale	ary)		£					
	Self-employed (your pre-tax earnings if known)			£					
	Self-employed (your anticipated* pre tax earnings, if actual earnings not yet known)			£					
	*Please note that any claim benefit payable will be based on actual earnings, not anticipated earnings								
	Partnership <i>(your pr</i> If 'partnership' your	<i>re-tax earnings)</i> percentage share of tl	nis profit	£ %					
	Employed as a Director within a private limited company with not more than 3 other shareholder directors (gross salary)  If applicable, dividend payments received from the company's normal regular business / normal trading activities in the last 12 months			£					
6.	. Are you entitled to any earnings from work if you are off work due to illness or accident? Yes					No			
	If 'yes' please confirm	n how much you would i	receive and fo	r how long					
7.	Please provide a split	t of time spent working	; for each occ	cupation					
	Occupation 1	%							
	Occupation 2	%							
Sig	gnature				Date	/	/		
Dri	nt Name								
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Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ

Tel: **01285 652492/653073** 

Email: memberservices@cirencester-friendly.co.uk www.cirencester-friendly.co.uk

