MY EARNINGS CONTRACT

APPLICATION FOR TEMPORARY SUSPENSION COVER

YOUR DETAILS

We	will use thi	s information	on to update	e you on the s	tatus of your a	application or for other service r	elated matters.		
1.	Please insert your Membership Number								
2.	Mr	Mrs	Ms	Miss	Other	If 'other' please specify			
	First name(s)								
	Surname								
3.	Address								
						Postcode			
4.	Telephone No. (Home)					(Mobile)			
5.	Email addı	ess							
6.	Date of bir	th	/	/					
7.	On what date would you like to commence your temporary suspension cover?						/	/	
8.	. Please state the date on which your cover is to be restored?						/	/	
IM	PORTAN	T INFOR	MATION						
•		and that fo 12 months		d of Occupati	onal Absence	, the suspension shall be limite	ed to a maximu	m	
	•			e payable, n	or will they a	ccrue, to the member during	the period for	which cov	/er
	has been	suspende	d.		•		·		
	CLARATI								
COV	er and und	erstand tha	at, if approve	ed, the change	es contained ir	iety in accordance with this appi n this application form shall ame es, present and future.			
Sig	nature					Date	/	/	



Print Full Name