

# Addendum to Application Form

## to Include My Extra Benefits with My Income Protection Contract

### **PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS.**

We are always looking to improve the range of benefits and service we provide and are pleased to introduce **My Extra Benefits**.

#### **Fracture & Hospitalisation Benefit**

- **Fracture Benefit** – pays £1,000 if you suffer a fracture to one of the following bones; skull, eye socket, cheekbone, jaw, collar bone, shoulder blade, breast bone, upper arm, ribs, vertebra, forearm, hip, wrist, hand, upper leg, knee, lower leg, ankle and foot. This is subject to a maximum of one claim per accident / incident, within any 12 month period. Fracture Benefit is only payable on comminuted, complicated, compound, depressed and simple fracture types.
- **Hospitalisation Benefit** – pays £50 per night following three consecutive nights in a UK hospital as a result of illness or injury. Payment is backdated to the first night's stay. This is limited to a total of 21 nights in any 12 month period.

**The combination of Fracture & Hospitalisation Benefit is available for just £4 per month.**

#### **Immediate Death Benefit**

In the event of your death prior to your 70th birthday a lump sum of £5,000 will be paid.

**The cost for this benefit is £5 per month.**

**The cost for both Fracture & Hospitalisation Benefit and Immediate Death Benefit is £9 per month.**

To find out more about My Extra Benefits please visit  
[www.cirencester-friendly.co.uk/Members-zone](http://www.cirencester-friendly.co.uk/Members-zone)

# **Please complete overleaf >>>**

## YOUR DETAILS

1. Mr  Mrs  Ms  Miss  Other  *If 'other' please specify*

First name(s)

Surname

2. Date of birth / /

3. Which benefits are you applying for?

Fracture & Hospitalisation Benefit  and/or Immediate Death Benefit

If you have selected the Immediate Death Benefit option, you may wish to complete the below.  
Otherwise we would pay the deceased estate.

I (FULL NAME)

hereby nominate

Of the address

to receive the benefit payable at my death, under the rules of the Society.

## DECLARATION

I hereby declare that to the best of my knowledge and belief the answers to the questions are true and correct and I have read the My Extra Benefits Key Facts Document. I confirm this addendum is to be processed in conjunction with my Income Assured Plus/My Earnings Insurance (delete as appropriate) application form.

Signature

Date

/ /

Print Full Name

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