

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.). Please complete **Section A** with your previous employment details and **Section B** with your new employment details.

If you have any queries please contact our **Customer Care Team on 0800 587 5098**.

This questionnaire may highlight changes in your circumstances which could affect your contract with the Society. The Society would advise you to 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 upon the funds thereof, being forfeited (as per rule B19 of the Income Assured Enhanced contract / rule B14 of the My Earnings Protected contract.). If you are in any doubt as to whether a fact is material you should tell us about it.

Please send the completed form to: Customer Care, Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ

PREVIOUS EMPLOYMENT DETAILS

1. Employment and duties *(please tell us about your employment circumstances prior to the required change)*

a) Job Title

b) Duties (please list)

2. Were you: Employed Self-employed Partner Director

NEW EMPLOYMENT DETAILS

3. Date of ceasing previous employment *(if applicable)* / /

4. Employment and duties *(please tell us about your new employment circumstances)*

a) Job Title

b) Duties (please list)

5. a) Is your new employment: Employed Self-employed Partnership

Employed as a director within a private limited company

b) If employed are you on a Zero Hour contract? Yes No

c) Are you employed through an agency? Yes No

If 'yes' please state level of guaranteed hours per week

6. Date these changes came into effect / /

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

If 'yes' please give dates of commencement / / dates of termination / /

Important note for Fixed Term Contract Workers

We can only cover your income for the period that you are earning during a fixed term contract. If you are still incapacitated at the time your fixed term contract ends, your sick pay will cease. If your fixed term contract has ended, you will not be able to claim and we will treat you as unemployed. This is because you will not be receiving any income from work and therefore we cannot replace income you would not have had. If you can prove that your contract would have been renewed, or you had a new contract to go to then your sick pay benefit will continue for the duration of the new contract.

8. Does your new employment involve work outside of the UK?

Yes No

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

9. How many days a week will you work in your new employment?

 days

10. Please state your new annual work earnings

Employed (*gross salary*)

£

Self-employed (*your pre-tax 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

£

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

Yes No

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

Signature

Date

Print Name

For office use only:

Date of call:

Time of call:

Initials of call handler:

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