

# My Earnings Protected

to transfer from My Earnings Insurance (11/10/2017 - 10/04/2018)

For office use only	Ref _____
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PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS, ANSWER ALL QUESTIONS AND WHERE APPLICABLE TICK YOUR CHOICE

## IMPORTANT NOTE Please read the below before applying.

Under normal circumstances you are unable to apply to switch to My Earnings Protected if:

- You are in claim
- You have claimed in the last 12 months
- You are off work
- You are in arrears with your premiums

However, consideration can be given on a case by case basis, especially if your claim was of a short term, minor nature.

Please contact our Customer Care Team on **0800 587 5098** if you would like to discuss your individual circumstances.

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

1. Please insert your Membership Number

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

First name(s)

Surname

3. Date of birth   /   /

4. Address

Postcode

5. Telephone No. (Home)  (Work)   
(Mobile)

6. Email address

7. Adviser name   
Company

## PLEASE ANSWER THE FOLLOWING QUESTIONS

8. Are you expecting any tests, investigations, results and / or treatment or have you had any of these in the last 12 months? Yes  No

9. Have you in the past 2 years been prescribed any medication / treatment from your G.P., alternative therapists, counsellors, chiropractor, osteopath, physiotherapist, psychiatrist, psychologist, acupuncturist or herbalist? Yes  No

If you have answered 'YES' to either of the above questions, please provide additional details below.


CONTINUED OVERLEAF...

10. Are you currently in good health and working your usual contractual hours?

Yes  No

If you have answered 'NO' to the above question please provide additional details below.


## DECLARATION

**If there have been or are changes in your health (even if you have not yet sought or do not seek medical advice), residence, occupation and / or financial status you MUST let the Society know before signing this declaration as any changes in such circumstances could affect the terms offered, or invalidate a future claim, or lead to cancellation of the contract.**

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 Earnings Protected Key Features Document.

I confirm that I have not received a personal recommendation from Cirencester Friendly about any aspect of this contract and have sought advice from a Financial Adviser.

Signature

Date

  /   /     

Print Full Name

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