

# Income Protection

## Application Form

Surname  Mr/Mrs/Miss/Ms

Forename(s)  Gender M  F

Date of birth  Date service commenced

Warrant/Payroll No  Rank/Grade

Date of last promotion  Station/Branch

Home Address

Postcode

Daytime Tel No  Mobile

Basic/National pay  £  Competency related pay  £   
(line 1 on payslip) (if applicable)

London weighting/Location Allowance  £  (line 2 on payslip)

Are you a member of the police pension scheme? Yes  No

Height  weight  units of alcohol each week

Do you smoke, or have you in the last 12 months? Yes  No

If YES how many do you smoke each day?

How many days during the past 12 months have you been absent from work due to injury or sickness?  please give details overleaf

How did you obtain this brochure: MPFS Display unit

Location

Requested by: Phone  Website  Aware  Other

### If you answer YES to any of the following, please give full details overleaf

1. During the last 5 years have you seen a doctor or suffered from any illness or injury requiring treatment, investigation or advice? Yes  No
2. During the last 5 years have you ever been absent from work for a period exceeding 5 days? Yes  No
3. During the last 5 years have you received or been advised to take treatment or tests (including blood tests) or follow a special diet? Yes  No

4. In the last 5 years have you had any treatment at a hospital or clinic as an inpatient or outpatient? Yes  No
5. During the last 5 years have you taken any medication or drugs? Yes  No
6. Are you currently consulting your GP or do you have any known or foreseeable need to consult any doctor or health professional? Yes  No
7. Have you EVER suffered from any of the following: Stress, tension, anxiety, depression, muscular, joint or back problems, any form of allergy, skin complaint or any problem with sight or hearing? Yes  No
8. Have you, either of your parents, or any of your brothers or sisters (including half brothers or half sisters) died before the age of 60 or suffered from any of the following conditions: Heart disease, cancer, stroke, high blood pressure, diabetes, kidney disease, paralysis, a disorder of the nervous system, eye disease or any hereditary disease? Yes  No
9. Dangerous/hazardous activities which are part of your duties are covered under the policy; however, hazardous sports, pastimes and activities (e.g. Scuba Diving, Private Flying) are **not** covered unless specifically endorsed on the policy. If you participate in any such activity please tick the "yes" box and give full details in the box below. Yes  No
10. Do you hold any other policies covering incapacity due to accident or illness except those taken out to cover a loan? Yes  No
11. Has any application made on your life for sickness, disability, accident, critical illness or life assurance ever been postponed, withdrawn, declined, or offered/accepted on special terms? Yes  No

### Declaration - Please read this carefully

To the best of my knowledge and belief, the information provided in connection with the proposal is true and I have not withheld any **material facts**. I understand that non-disclosure or misrepresentation of a **material fact** may entitle the Society to void insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Society. If you are in **any** doubt as to whether a fact is material or not, you must disclose it.) I understand that the Society will determine its Terms and Conditions upon the information provided in connection with this proposal; and I further understand that the signing of this proposal does not bind me to complete or the Society to accept this insurance. I confirm that I am on full unrestricted duties and not under any criminal, civil or disciplinary investigation. In addition, I authorise the deduction from my salary of all premiums that become due.

Signature of Proposer  Date

**The liability of the Society does not begin until the application has been accepted. Any medical condition that arises prior to the policy start date must be notified to the Society or your claim may be denied.**

**If you have answered YES to any of the above questions, please use this space to provide details.**

DATA PROTECTION ACT Any information you provide will be held by the Metropolitan Police Friendly Society to administer your contracts. We will NOT disclose such information to third parties (except those who assist us in administering your contracts) unless legally required to do so. We may from time to time use it to inform you by letter about any products and services which we feel may be of interest to you. (If you do not wish to receive such information, please tick this box.)