

Please answer the following questions very carefully:

1. Do you drink more than 30 units of alcohol each week or have you ever regularly done so? (for an explanation of units of alcohol, see for example www.drinking.nhs.uk) Yes No
2. Have you ever taken any drugs for recreational purposes? Yes No
3. Do you engage or have you any intention of engaging in any hazardous sport or pastime? Yes No
4. Are you at present applying or have you applied within the last 2 years for life or critical illness (other than policies with this Society)? Yes No
5. Have you ever tested positive for HIV / AIDS, Hepatitis B or C or been tested or treated for any other sexually transmitted disease or are you awaiting the results of such a test? Yes No
6. Do you currently have, ever had, sought or intend to seek medical advice for:
 - a. any disease or disorder of the heart or circulatory system including raised blood pressure? Yes No
 - b. stroke, transient ischaemic attack or any form of brain haemorrhage? Yes No
 - c. cancer (including leukaemia, lymphoma and Hodgkin's disease) or any mole or skin marking that has bled, changed or become painful or any form of tumour or lump? Yes No
 - d. diabetes, sugar in the urine or raised cholesterol? Yes No
 - e. any disease or disorder of the blood? Yes No
 - f. Multiple Sclerosis, Parkinson's disease, Alzheimer's disease, Motor Neurone disease, optic neuritis, numbness, paralysis, loss of feeling, blurred or double vision or any hereditary disorder? Yes No
7. Before the age of 65 have either of your parents, brothers or sisters ever suffered from heart or circulatory disease (including heart attack or angina), cancer, stroke, familial polyposis of the colon, Huntington's disease, Motor Neurone disease, kidney disease or any hereditary disease? Yes No
8. In the last 5 years have you suffered from any other illness requiring investigation, consultation, treatment, tests (including blood tests) or advice by a specialist, clinic, hospital or doctor or do you have any current symptoms or complaint for which you have not sought medical advice but intend to (you do NOT need to disclose matters related to uncomplicated pregnancy, injuries from which you have fully recovered, fertility treatment, hayfever, common colds and flu or vaccinations)? Yes No

IMPORTANT NOTE – Question 9 has to be answered ONLY if you have answered YES to Question 8 above. The purpose of this is to save any delay involved were we to obtain a report from your doctor. We will forward a questionnaire appropriate to your medical history, but please still provide any further information which you think may help us in making a speedy decision.

9. In the last 3 years have you suffered from:
 - a. epilepsy, fits or blackouts? Yes No
 - b. mental illness, anxiety, stress, post traumatic stress disorder, depression or any other psychiatric or nervous disorder? Yes No
 - c. arthritis, rheumatism, gout or trouble with your bones, joints or muscles? Yes No
 - d. asthma, bronchitis, pneumonia or other respiratory disorder? Yes No
 - e. any disorder of the stomach, digestive system, liver or bowel? Yes No
 - f. any kidney, liver or bladder disorder? Yes No
 - g. any gynaecological disorder or abnormality of the breast, uterus or cervix? Yes No

IF YOU ANSWERED YES TO ANY OF THE ABOVE QUESTIONS 1 TO 9, PLEASE PROVIDE DETAILS ON PAGE 5 OR ON A SEPARATE PIECE OF PAPER. If you do not do so, the processing of your application will be delayed while we obtain this information from you – we cannot consider your application without full details.

Application Form

Mortgage Protection / Level Term Assurance
With / Without Critical Illness Cover

Applicant Two

(if applicable)

Relationship to Applicant One

Title Surname

Forename(s) Date of Birth

Gender Male Female Height Weight

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

If yes, how many do you smoke each day?

Police service: Met Officer Met Staff City Officer Other Force Retired

Other employer*: Please specify exact occupation

Warrant / Pay No Rank / Grade

Station / Branch (if serving police officer / staff)

Home Address

Postcode

Daytime Telephone No Mobile No

Email Address

* New members must indicate their connection with the police family

Cover Details

(if different from Applicant One)

Please tick which policy you would like: Mortgage Protection Level Term Assurance

Amount of cover required £ Term in years (5-35)

Is Critical Illness cover required?* Yes No

*Critical Illness cover is only available if the policy expires before age 60, and is not available on a Combined policy

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If you have answered YES to question 1-9, please provide full details below:

Applicant One

Applicant Two

Please note, when signing the declaration below that all relevant or material facts should be disclosed, even if you are unsure whether they are material to this insurance. A material fact is defined as one likely to influence an insurer's decision as to the acceptance of the proposal. Failure to do this may result in the insurance cover being ineffective, even if the proposal has been accepted by the insurer. Do not assume that we will obtain a report from your Doctor. We rely on you to disclose all relevant information. A copy of the terms and conditions of the proposed insurance contract and also a copy of the completed proposal form is available on request.

Applicant One

Declaration - Please read this carefully

I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I agree to abide by the Rules of the Society. I authorise the deduction from my monthly salary of all contributions that may become due for both me and my partner (if applicable).

Signed Dated

Applicant Two

Declaration - Please read this carefully

I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I agree to abide by the Rules of the Society. I authorise the deduction from my monthly salary of all contributions that may become due for both me and my partner (if applicable).

Signed Dated

IMPORTANT - If either of the applicants is a serving Met Officer / Staff or City Officer, they must sign below to authorise deductions from salary (otherwise please complete a Direct Debit form available from us or from our website).

Surname	<input type="text"/>	Initials	<input type="text"/>	Warrant / Pay No	<input type="text"/>
Rank / Grade	<input type="text"/>	Station / Branch	<input type="text"/>		
Signature	<input type="text"/>			Dated	<input type="text"/>

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 (other than those who assist us in administering your contracts) unless we are legally required to do so. We may from time to time use it to inform you by letter about any products and services which may be of interest to you. If you do not wish to receive such information, please tick this box. Applicant One Applicant Two