

Private Medical Insurance Plan

Application Form B - Spouse/Partner

Details of the serving officer/ police staff (Main Insured)

Warrant / Payroll No Mr/Mrs/Ms/Miss

Surname Forename(s)

Declaration by Main Insured

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 authorise the deduction from my salary of all premium payments that become due.

Signed Date

To be completed by the spouse/partner (Associate Insured).

Surname Mr/Mrs/Ms/Miss

Forename(s) Male/Female

Occupation Date of Birth

Home Address

Postcode

Daytime Tel No Mobile

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 in total during the past 12 months have you been absent from work due to injury or sickness?

Reason for absence?

1 During the past 5 years have you seen a doctor or suffered from any illness or injury requiring treatment or advice? Yes No

2 During the past 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 any 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, joint or back problems, any form of allergy, skin complaint or any problem with sight or hearing? Yes No

8 Have any of your parents, brothers or sisters, died before the age of 60 or suffered from any of the following: 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 Do you hold any other policies covering Private Medical Expenses? Yes No

IMPORTANT - Please give details on a separate piece of paper if you have answered YES to any of the questions numbered 1 - 9.

I understand that this extension of cover is only valid whilst my partner is a serving police officer or member of police staff and it is not a separate policy in my name. 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 the 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).

Signed Date

(The liability of the Society does not begin until the application has been accepted. Any medical condition that arises prior to the effective date of this insurance must be notified to the Society or your claim may be denied.)

DATA PROTECTION ACT Any information you provide will be held by Metropolitan Police Friendly Society to administer your contracts. We will NOT disclose such information to third parties 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 may be of interest to you. (If you do not wish to receive such information, please tick this box.)