

Web

Shepherds Home Expenses Payment Protection Plan

Application Form

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS

A Life Assured details

1 Have you previously applied to the Society to open a Plan or are you a current/past member of the Society?
 Yes No **PLEASE TICK AS APPROPRIATE**

2 Mr/ Mrs/ Ms / Miss / Other _____ **3** Male Female

4 First names _____

5 Surname _____

6 Current address _____

 _____ Postcode _____

7 Telephone No. **(Home)** _____ Telephone No. **(Business)** _____
 Telephone No. **(Mobile)** _____

8 E-mail address _____
(Please enter your clients e-mail address if you wish a copy of the policy document to be sent directly to them)

9 Date of Birth _____

10 Employment Status Employed Self employed Company director

11 Are you a homeowner? Yes No

12 Is any other person who shares monthly household expenses with you also applying for Shepherds Home Expenses Payment Protection? Yes No If Yes please give the following details:
 First names _____ Surname _____ Date of Birth _____

B Plan details

1 Total monthly gross income / net profit £ . (please delete as appropriate: gross income - employed / net profit - self employed)

2 Essential monthly expenses

Mortgage/rent £ _____

Utilities: £ _____ (e.g. electricity, gas, telephone, council tax)

Credit cards/loans: £ _____

Insurance: £ _____ (e.g. building, contents)

Total monthly expenses: £ _____

3 Please specify the amount of benefit you require
 £ . (min £200 - max £2000)

4 Waiting period 4 weeks 8 weeks 13 weeks 26 weeks 52 weeks

5 When do you wish this plan to start?

6 When do you wish this plan to end? 5 years 10 years 15 years other

7 Total monthly cost **(as per illustration)** £

Please note if your premium is over £60 we require a form of identification.

- 1 Has any proposal to this or any other company for life, income protection or personal sickness and/or accident insurance been declined or offered/accepted at other than normal terms? Yes No

If "Yes" please give details

- 2 Do you have a current Income Protection Plan or are you considering taking one out?

Yes No

If "Yes" please state:

Name of Company or Society

Amount of benefit £ per annum £ per month £ per week

(please tick as applicable and state amount)

Whether to be continued Yes No

- 3 Have you ever made any claims on income protection, mortgage protection, payment protection or waiver of premium contracts currently or previously held? Yes No

If "Yes" you should provide details with approximate dates and durations:

- 4 Have you ever made any claims for compensation in relation to an injury, accident or any other condition? Yes No

If "Yes" please supply details with approximate dates and outcome:

D Premiums

A choice of premium payment dates are available. Please select from the following:

1st of each month 8th of each month 16th of each month 24th of each month

If no choice is made, payment will be taken on the 1st of each month

E Declarations and consents

Proposers Declaration.

I hereby apply to The Shepherds Friendly Society Limited for the Shepherds Home Expenses Payment Protection Plan.

I declare that to the best of my knowledge and belief, the answers given above are true and complete and that no important fact has been omitted or falsely stated.

I have received the key features document and agree that this application shall form the basis of the contract with The Shepherds Friendly Society Limited, which shall be made subject to the policy's terms and conditions.

Consents.

I consent to Shepherds Friendly's underwriting partner contacting me with regards to my Shepherds Home Expenses Payment Protection Plan. For further details on this procedure please see the leaflet 'Your Guide to Tele-Interviews'.

Access to Medical Reports; I have read the explanation of my rights under the Access to Medical Reports Act 1988 (see below) and consent to The Shepherds Friendly Society Limited seeking information in connection with this application from any doctor who has at any time attended me concerning anything which affects my physical or mental health, and I authorise the giving of such information.

The Shepherds Friendly Society Limited may use information provided in relation to this application to make electronic searches about me at Credit Reference Agencies that supply information, including information from the Electoral Roll, for the purposes of verifying my identity. I understand that these Agencies will record details of any such searches whether or not this application proceeds.

I understand that The Shepherds Friendly Society Limited reserves the right to request any such other documentary evidence it considers necessary to assist in the verification of my identity.

I understand that The Shepherds Friendly Society Limited may use information provided in relation to this application to process this application and for the ongoing management of the policy. Information may be held on computer, paper file or other appropriate medium for as long as the application is being considered, for as long as the policy remains in force and for an appropriate period thereafter.

Your information will be held by The Shepherds Friendly Society Limited. The information that you have supplied will be kept confidential and will not be disclosed to any other party without your consent unless it is lawful to do so.

It may be used to keep our records up to date, for business analysis and market research purposes and to advise you by post, telephone and /or electronic methods about any products and services offered by The Shepherds Friendly Society Limited and its subsidiaries that may be of interest to you. We may pass your details to other carefully selected organisations but only for the purposes mentioned above. If you would like to request a copy of the information held about you please write to The Shepherds Friendly Society Limited Data Protection officer. A fee may be charged for providing information.

If you do not want to receive such marketing information please tick the box.

Proposers Signature

Date

Full Name

(BLOCK CAPITALS PLEASE)

We MUST be notified of any changes in your health and circumstances prior to the start of the plan.

Please complete the Direct Debit at the end of the application form. We do not accept business accounts.

Note: Acceptance of this application is at the discretion of Shepherds Friendly.

Access to Medical Records Act 1988

Summary of the main points contained in the Act. The provisions noted in the Act above became effective from 1st January 1989 and before we can apply for a medical report from your doctor we not only need your consent but must offer you the right to see the report before it is sent to us. There are a number of rights under this Act of which you should be aware and these are set out below as follows:

- 1 You may withhold your consent.
- 2 You have the right to see the report before it is sent to us provided that you apply to the doctor within 21 days, or during the 6 months after that. The doctor may charge you a fee for supplying the report.
- 3 You can ask the doctor to amend any part of the report which you consider to be incorrect or misleading and if the doctor does not agree you may append your comments.
- 4 The doctor can withhold part or all of the report from you if he/she has reasons why he/she thinks you should not see it.

Full details of your rights under the Act can be made available on request.

The Shepherds Friendly Society Limited

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The Head office and Registered office of The Shepherds Friendly Society is based in the .United Kingdom.

AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY.

THE SHEPHERDS FRIENDLY SOCIETY IS INCORPORATED UNDER THE 1992 FRIENDLY SOCIETIES ACT NO.240F

