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# Shepherds Income 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** Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_

**7** Telephone No. **(Home)** \_\_\_\_\_ Telephone No. **(Business)** \_\_\_\_\_  
 Telephone No. **(Mobile)** \_\_\_\_\_ e-Mail address \_\_\_\_\_

**8** Date of Birth \_\_\_\_\_

**9** Marital Status Single  Married  Widowed

**10** National insurance number \_\_\_\_\_

**11** Have you smoked or used nicotine products during the last 12 months? Yes  No

**12** Are you a homeowner?  Yes  No

### B Employment details

	EMPLOYED	SELF EMPLOYED	COMPANY DIRECTOR
<b>1</b> What is your profession or occupation(s)? Please list them			
<b>2</b> Are you currently working? If NO, please give details on the additional information sheet	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>3</b> How long have you been in your current job?	Years <input type="checkbox"/> Months <input type="checkbox"/>	Years <input type="checkbox"/> Months <input type="checkbox"/>	Years <input type="checkbox"/> Months <input type="checkbox"/>
<b>4</b> If employed, are you on a fixed term contract? If YES, please provide termination date of contract	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
<b>5</b> If incapacitated do you receive income from your employer? If YES, please provide details of amount and period	Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: _____ Period: _____		Yes <input type="checkbox"/> No <input type="checkbox"/> Amount: _____ Period: _____
<b>6</b> What are your gross earnings for the last 12 months?	£ _____	£ _____	£ _____
<b>7 SELF EMPLOYED ONLY</b> What is your <b>net</b> profit for each of the last 3 years?		£ _____	
<b>8</b> What is your expected <b>net</b> profit for the next 12 months? It is the net profit selected in your accounts which we will use to verify you income in the event of a claim.			

**C**

## Plan details

**PLEASE TICK YOUR CHOICE**

- 1 Choose your level of monthly benefit £  **(In units of £100. Please note the minimum premium is £10 excluding optional extras)**
- 2 Cover from Day one  2 weeks  4 weeks  8 weeks  13 weeks  26 weeks  52 weeks
- 3 Selected retirement age Between 50 and 65
- 4 Optional childrens' benefit Yes  No

If yes please give all details on the Additional Information Sheet

- 5 Indexation Option Yes  No  **(25p per £100 for ages up to 45 / 50p per £100 for ages 46 & above)**
- 6 Waiver of premium Yes  No  **(25p per £100 for ages up to 45 / 50p per £100 for ages 46 & above)**
- 7 Total monthly cost **(as per illustration)** £

- 8 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

**D**

## Other insurance details

- 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

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- 2 Are you now, or are you planning to be, insured elsewhere for Income Protection or any other insurance providing for the payment of benefit in respect of incapacity due to sickness and/or accident? Yes  No

If "Yes" please state:

Name of Company or Society

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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:

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- 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:

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**Proposers Declaration.**

I hereby apply to The Shepherds Friendly Society Limited for the Shepherds Income 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 Plan Summary 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.

I have received a copy of the Guide entitled "How we manage our With Profit Funds".

**Consents.**

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.

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

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 co-ordinator. 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.**

**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.



