

# Shepherds Income Protection Plan

## Variation Form

**PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS**

### A Life Assured details

- 1 Mr/ Mrs/ Ms / Miss / Other \_\_\_\_\_
- 2 First names \_\_\_\_\_
- 3 Surname \_\_\_\_\_
- 4 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Postcode \_\_\_\_\_
- 5 Telephone No. **(Home)** \_\_\_\_\_ Telephone No. **(Business)** \_\_\_\_\_  
 Telephone No. **(Mobile)** \_\_\_\_\_ e-Mail address \_\_\_\_\_
- 6 Plan Number \_\_\_\_\_
- 7 Are you a homeowner?  YES  NO

### B Plan variation details

**PLEASE TICK YOUR CHOICE**

- 1 Choose your **new** level of monthly benefit £  **(This must be multiples of £100)**
- 2 Cover from Day one  2 weeks  4 weeks  8 weeks  13 weeks  26 weeks  52 weeks
- 3 New retirement age - Between 50 and 65  **(Your plan must run for a minimum of 5 years)**

### C Declarations and consents

We may process your application or we may ask you to complete a health declaration. We may also ask you to have a further tele-interview if we feel that we need additional medical information.

#### Proposer's Declaration.

I hereby apply to The Shepherds Friendly Society Limited to vary my Shepherds Income Protection Plan.

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.

#### 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 variation application. For further details on this procedure please see the leaflet 'Your Guide to Tele-Interviews'.

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.

Proposer's Signature \_\_\_\_\_

Date \_\_\_\_\_

Full Name \_\_\_\_\_

**(BLOCK CAPITALS PLEASE)**

**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**

Shepherds House, Stockport Road, Cheadle, Cheshire SK8 2AA **Tel:** 0161 428 1212 **Fax:** 0161 428 3666

**Email:** save@shepherdsfriendly.co.uk **Web:** www.shepherds.co.uk

THE SHEPHERDS FRIENDLY SOCIETY IS INCORPORATED UNDER THE 1992 FRIENDLY SOCIETIES ACT NO.240F. AUTHORISED AND REGULATED BY THE FINANCIAL SERVICES AUTHORITY.