Life Insurance Plan Application form



The Metfriendly Life Insurance Plan may be appropriate for those who:			The Metfriend	-		an may not be
☑ Are over 18 but under 70.						
Require a policy term between 5 and 35 years (cover must end before age 80 or age 60 if critical illness cover is included).			Require a policy term shorter then 5 years or longer than 35 years			
4	a lump sum benefit to be paid in the event of death.		🔀 Require cover beyond age 80.			
	lump sum benefit if diagnosed with one of nine ıl illnesses (additional cost).		Want a plan that has a savings element.			
Cover Details (Please tick which plan you would like)						
Decreasing Term Assurance (Mortgage Protection) □ OR Level Term Assurance □ Amount of Cover £						
Term in full years (5-35) Joint Life Cover* □ Critical Illness Cover** □ Separate Policies □						
If applying for separate policies with different terms, please state requirements here:						
*Joint Life Cover: If you choose this option, you will NOT be able to have Critical Illness covered, NOR put the policy into Trust, and on payout the plan will cease, leaving the other applicant with no cover. You may prefer to have two separate policies. **Critical Illness is only available on single life policies and only if cover ends before age 60. Applicant One						
Mr/Mrs/Ms/Miss	Surname	F	orename(s)			
First line of home	address				Postcode	
Warrant No (if app	licable)		Date of Birth			Gender M □ F □
Email Address			Preferred Contact	: No		
We would like to email you from time to time with relevant information on financial issues relating to the police, such as police pay, and products and services we provide including special offers. If you would like to receive the above information please indicate your consent by ticking the box to the left . You will be able to unsubscribe from these communications easily and at any time.						
Date police service	commenced Height			,	Weight	
Your answers to the following questions will help ensure this product meets your protection needs. If you are in any doubt whether this Life Insurance policy meets your protection needs, then please call us 01689 891454 or e-mail info@metfriendly.org.uk.						
1. Are you aged be	tween 18 and 69? Yes 🗌 No 🗌					
2. Do you require o	lump sum benefit be paid in the event of death	? '	Yes □ No □			
3. Do you require a lump sum benefit to be paid if you are diagnosed with a specified critical illness? Yes ☐ No ☐ (only applicable if applying for the Critical Illness benefit in the 'Cover Details' section)						
Applicant Two						
Mr/Mrs/Ms/Miss	Surname	F	orename(s)			
First line of home address Postcode						
Warrant No (if applicable)			Date of Birth			Gender M □ F □
Email Address			Preferred Contact No			
	to email you from time to time with relevant inf and services we provide including special offers.					

your consent by ticking the box to the left. You will be able to unsubscribe from these communications easily and at any time.

Da	te police service commenced	Height	Weight		
	Your answers to the following questions will help ensure this product meets your protection needs. If you are in any doubt whether this Life Insurance policy meets your protection needs, then please call us 01689 891454 or e-mail info@metfriendly.org.uk.				
1.	Are you aged between 18 and 69? Yes \square No \square				
2.	Do you require a lump sum benefit be paid in the event o	f death? Yes □ No □			
	Do you require a lump sum benefit to be paid if you are d (only applicable if applying for the Critical Illness benefit i		? Yes 🗌 No 🗌		
				Applicant One	Applicant Two
M	edical Information Questions			Yes No	Yes No
Do you smoke or have you used tobacco, nicotine products or e-cigarettes (including vaping) in the last 12 months?			ast 12 months?		
Ify	res, how many do you smoke each day or how long do y	ou vape for?			
				Applicant One	Applicant Two
Ple	ase answer the following questions very carefully:	:		Yes No	Yes No
	Have you ever been advised by a medical professional to re				
	2. During the last 5 years have you ever taken any drugs for recreational purposes? (e.g. cocaine, cannabis, heroin, anabolic steroids)				
	 Do you engage or have you any intention of engaging in any hazardous sport or pastime? (e.g. private flying, base jumping, mountaineering) 				
4. During the last 5 years have you ever been absent from work due to injury or sickness for a period exceeding 5 consecutive days?					
5.	5. Are you currently on restricted or recuperative duties?				
6.	6. Have you ever tested positive for HIV/AIDS, Hepatitis B or C or have you been tested or treated for any sexually transmitted disease or are you awaiting the results of such a test?				
7. Have you ever sought, or are you currently seeking or intending to seek, medical advice for:					
a) any disease or disorder of the heart or circulatory system, including raised blood pressure?					
b) stroke, transient ischaemic attack or any form of haemorrhage?					
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?					
d) diabetes, sugar in the urine or raised cholesterol?					
e) any disease or disorder of the blood?					
f)					
8.	Before the age of 60, have any of your parents, brothers or (including heart attack, angina), cancer, stroke, diabetes, p familial polyposis of the colon, kidney disease or any herec	paralysis, a disorder of the nervous syster			
9.	During the past 5 years have you suffered from any illness tests (including blood tests) or advice by a specialist, clinic,		ation, treatment,		
10.	Do you have any current symptoms or complaint for which do not need to disclose matters relating to uncomplicated and flu or vaccinations)?				
11.	During the last 5 years have you suffered from:				
a)	epilepsy, fits or blackouts?				
b)	mental illness, anxiety, stress, post-traumatic stress disorde	er, depression or any other psychiatric or n	ervous disorder?		
c)	arthritis, rheumatism, gout or trouble with your bones, joir	nts or muscles?			
d)	asthma, bronchitis, pneumonia or other respiratory disorde	er?			
e) any disorder of the stomach, digestive system, liver or bowel?					
f)	any kidney or bladder disorder?				
g)	any gynaecological disorder or abnormality of the breast,	uterus or cervix?			
h) any form of allergy, skin complaint or any problem with sight or hearing?					

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12. Are you presently applying, or during the last 2 years have you applied, for Life or Critical Illness cover with any other provider or have you had a policy that has been rated, declined or had any condition excluded? If yes, please provide details below:	Yes	No	Yes	No
13. In the last month, have you	Yes	No	Yes	No
a) tested positive for Coronavirus (COVID 19)?				Ц
 b) been tested for Coronavirus (COVID 19) but have not yet received a result? c) been personally advised to self-isolate by a medical professional or the national advice centres (e.g. NHS 111) but have not been diagnosed with Coronavirus (COVID 19) and are still self-isolating? d) had direct contact with someone who's been confirmed or is still suspected to have Coronavirus (COVID 19)? 				
14. Do you currently have symptoms such as a persistent cough, high fever, fatigue or body aches?				П
IF YOU ANSWERED YES TO ANY QUESTIONS 1 TO 14, PLEASE PROVIDE DETAILS BELOW. If you do not do so, the processing of your application will be delayed whilst we obtain this information for consider your application without full details. Use the questions below to provide your answers. • Which question(s) does the information relate to? • What medical condition have you been diagnosed with? • What symptoms have you suffered with? • When did you first suffer symptoms? • When did you last suffer symptoms? • Have your symptoms been continuous? • Are you receiving any treatment; if yes what treatment? • Have you had any time off work? • If yes, how much time off work? • Are you fully recovered?	om you -	· we c	annot	:
Application of the state of the				
Applicant Two				

Confirming Your Identity

In order to process your application Metfriendly will refer to Credit Reference Agencies to confirm your identify. This search will leave a 'footprint' on your credit file, which is required to record that the check has taken place. This footprint is not the same as a credit check footprint and has no negative impact on your file. Please read the following:

ID Declaration

I understand that you will undertake a search with a Credit Reference Agency for the purposes of verifying my identity. To do so the Credit Reference Agency may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained. Your information may be disclosed to a credit reference agency, which may keep a record of that information; and (b) the credit reference agency may disclose that information, and the fact that a search was made, to its other customers for the purposes of assessing the risk of giving credit and occasionally to prevent fraud, money laundering and to trace debtors.

Applicant One Declaration & Authorisation – Please read this carefully:

- I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I authorise the deduction from my monthly salary/by direct debit of all contributions that may become due for both me and my partner (delete if not applicable).
- I hereby apply for the Life Insurance Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application document.
- I apply for membership of Metfriendly in accordance with the provisions of its Rules (unless I am already a Member) and I agree to abide by Metfriendly's Rules at all times (a copy of Metfriendly's Rules appears on its website and is available in printed form upon request to the Secretary at the Registered Office).

Signed	
Date	Promotional Code

Applicant Two Declaration & Authorisation – Please read this carefully:

- I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I authorise the deduction from my monthly salary/by direct debit of all contributions that may become due for both me and my partner (delete if not applicable).
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Signed	
Date	Promotional Code

For your own benefit and protection, you should read the Key Features associated with this product, available by request or viewable at metfriendly.org.uk. A copy will also be posted to you once your plan is set up. If you do not understand any point please ask for further information.

IMPORTANT – If neither of the applicants is a serving Met Officer/Staff or City Officer, please call or email us and we will provide you with a Direct Debit form to complete.

OUR DATA PRIVACY STATEMENT We need the information you provide in order to set up the contract between you and us. We will only share your health data with our underwriter and reinsurer (your health data includes your answers to the medical information questions within this application). We will share your basic data with our mailing house partners (see our privacy notice) to send you legally required documents such as your annual benefit statement and invitation to our Annual General Meeting. Your data will only be kept for such a time needed to perform this task. Where possible we use external information to verify your identity and to keep our records up to date on home address changes. We use a third party provider to deliver our marketing emails. We gather statistics around email opening and clicks using industry standard technologies. For more information, please see our privacy notice at metfriendly.org.uk/privacy

Contact Details

Metfriendly, Central Court, Knoll Rise, Orpington, BR6 0JA Phone: 01689 891454 Fax: 01689 891455 Metphone: 846690 Email: info@metfriendly.org.uk

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