

Critical Illness Cover Application form



This product is designed to provide a tax-free lump sum benefit of £25,000 if you are either diagnosed with a specified critical illness or medically retired (on physical grounds) from the Police Service. Please answer the questions carefully, as inaccurate information may result in a claim being declined.

Before you apply for our Critical Illness Cover, please be aware that:

- ☒ This is available to New Recruits who have joined a UK Police Service in the last 12 months
- ☒ You must be aged 18 to 34
- ☒ You must currently be employed by a UK Police Service or be a Special Constable
- ☒ The policy does not cover any pre-existing conditions (see Terms & Conditions and Key Features)
- ☒ Cover will expire at age 40 or if you leave the Police Service.

For your own benefit and protection, you should read the **Key Features Document** and **Policy Wording** associated with this product. A copy of these will be available during meetings with our representatives or on the product page of the website when selecting this product online. In addition, a copy will be posted to you once your Critical Illness Cover is set up. If you do not understand any of the points, please ask for further information.

If you are in any doubt as to whether this Critical Illness Cover meets your protection needs, then please call us on 01689 891454 or email info@mpfs.org.uk

I am a: <input type="checkbox"/> Serving Police Officer <input type="checkbox"/> Serving Police Staff <input type="checkbox"/> Special Constable		Constabulary	
Mr/Mrs/Ms/Miss/Other		Surname	
		Forename(s)	
First line of home address		Postcode	
National Insurance Number		Date of Birth	
<input type="text"/>		<input type="text"/>	
You can find your NI number online in your HMRC account or App, in any documents you already have, for example a payslip, P45 or P60, or at gov.uk/find-national-insurance-number			
Mobile No		Personal Email	
<input type="text"/>		<input type="text"/>	
We would like to contact 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. You will be able to unsubscribe from these communications easily and at any time.			
Please provide me with the above information by			
<input type="checkbox"/> SMS <input type="checkbox"/> Email <input type="checkbox"/> Post <input type="checkbox"/> Phone <input type="checkbox"/> None			
Date UK Police Service commenced		Prefix & Warrant No	
<input type="text"/>		<input type="text"/>	
Payroll No (if different)			
<input type="text"/>			
Do you smoke or have you used tobacco, nicotine products or e-cigarettes (including vaping) in the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>			

Confirming Your Identity

In order to process your application we will refer to Credit Reference Agencies to confirm your identity. 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. The Credit Reference Agency may disclose that information, and the fact a search was made to its other customers for the purposes of assessing the risk of giving credit, to prevent fraud, money laundering and to trace debtors.

See overleaf

Pre-existing and related medical conditions

Full details of pre-existing conditions and related medical exclusions are covered in the policy document in part 7. A brief summary is below.

Pre-existing critical illness

A pre-existing critical illness is one which an individual has, before the commencement of this policy:

- received treatment for
- sought advice for
- experienced symptoms of or
- been diagnosed with.

In addition, an illness previously suffered which leads to a claim for loss of limb, loss of sight, terminal illness or total permanent disability benefit is also excluded.

Related medical conditions exclusion

No benefit will be paid in respect of any critical illness where a related medical condition existed prior to the commencement of this policy unless the insured person had neither received any treatment, nor experienced symptoms, nor sought advice for that related medical condition for at least two consecutive years since the commencement of this policy.

No benefit will be paid for any loss of limb, loss of sight, terminal illness, or total permanent disability benefit where a related medical condition existed before cover starts.

Example of pre-existing and related condition exclusion

We will not pay any claim under this policy if the medical retirement/discharge or critical illness is caused, or contributed to, directly or indirectly, by any of the illnesses deemed to be the same critical illness as set out in **Part 7 Exclusions in groups 1-4** of the policy document.

Declaration

- I hereby apply for Critical Illness cover and accept the terms and conditions as described within the product literature and elsewhere within this application. I also confirm I have read the **Key Features Document**.
- I apply for membership in accordance with the provisions of its rules (unless I am already a Member) and I agree to abide by the Rules at all times (a copy of our Rules appears on mpfs.org.uk and is available in printed form upon request).
- I understand that no benefit will be payable for any claim under this policy if the medical retirement/discharge or critical illness is caused, or contributed to, directly or indirectly, by a pre-existing critical illness or a related medical condition.
- I declare that the information given is correct to the best of my knowledge and belief. After the initial premium-free period, I authorise the deduction from my monthly salary or by direct debit of all contributions that may become due.
- I declare that the information given is correct to the best of my knowledge and belief.

Signed **APPLICANT**

Date

Promotional Code **IF APPLICABLE**

The liability of MPFS does not begin until the application has been accepted.

OUR DATA PRIVACY STATEMENT We need the information you provide in order to set up the contract between you and us. We will share your data securely with our mailing house partners 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 open rates and clicks using industry standard technologies. For more information, please see our privacy notice at mpfs.org.uk/privacy

Contact Details

MPFS, Central Court, Knoll Rise, Orpington, BR6 0JA Phone: 01689 891454 Email: info@mpfs.org.uk

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