

Income Protection Application form



This product is designed to provide you with an income if you are no longer able to work due to accident or illness.

You can receive a payout if you are unable to work due to incapacity, medical retirement on physical grounds or are diagnosed with a specified critical illness.

Before you apply for our Income Protection Plan, please be aware that:

- ☒ You need to be aged between 18-49
- ☒ Want a monthly benefit if unable to work due to incapacity or are medically retired (on physical grounds)
- ☒ Want a lump sum benefit if diagnosed with one of 9 specified critical illnesses.

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 sent to you once your Income Protection Plan 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 Income Protection Plan meets your protection needs, then please call us on 01689 891454 or email info@mpfs.org.uk

Mr/Mrs/Ms/Miss/Other	Surname	Forename(s)	
First line of home address		Postcode	
		Date of Birth	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Personal Email		Mobile No	
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			
National Insurance Number			
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			
Constabulary		Prefix & Warrant/Payroll No	
Rank/Grade		Current Position	
Date 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 Income Protection Plan meets your protection needs, then please call us on 01689 891454 or email info@mpfs.org.uk.

1. Are you currently a salaried Officer or Staff of a Police Service in England or Wales? Yes ☐ No ☐
2. Are you aged between 18 and 49? Yes ☐ No ☐
3. Do you require a monthly benefit to be paid if you are unable to work due to incapacity or are medically retired (on physical grounds)? Yes ☐ No ☐
4. Do you hold an Income Protection policy elsewhere? Yes ☐ No ☐
5. Are you currently on restricted or recuperative duties? Yes ☐ No ☐

Medical Information Questions

Do you smoke or have you used tobacco, nicotine products or e-cigarettes (including vaping) in the last 12 months? Yes ☐ No ☐

If yes, how many do you smoke each day or how long do you vape for?

Please answer the following questions very carefully:

1. Have you ever been advised by a medical professional to reduce your alcohol consumption? ☐ Yes ☐ No
2. During the last 5 years have you ever taken any drugs for recreational purposes? (e.g. cocaine, cannabis, heroin, anabolic steroids) ☐ Yes ☐ No
3. Do you engage or have you any intention of engaging in any hazardous sport or pastime? (e.g. private flying, base jumping, mountaineering) ☐ Yes ☐ No
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? ☐ Yes ☐ No
5. Are you currently on restricted or recuperative duties? ☐ Yes ☐ No
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? ☐ Yes ☐ No
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? ☐ Yes ☐ No
 - b) stroke, transient ischaemic attack or any form of haemorrhage? ☐ Yes ☐ No
 - 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? ☐ Yes ☐ No
 - d) diabetes, sugar in the urine or raised cholesterol? ☐ Yes ☐ No
 - e) any disease or disorder of the blood? ☐ Yes ☐ No
 - f) Multiple Sclerosis, Parkinson's disease, Alzheimer's disease, Motor Neurone disease, optic neuritis, numbness, paralysis, loss of feeling, blurred or double vision or any hereditary disorder? ☐ Yes ☐ No
8. Before the age of 60 have any of your parents, brothers or sisters ever suffered from heart or circulatory disease (including heart attack, angina), cancer, stroke, diabetes, paralysis, a disorder of the nervous system, eye disease, familial polyposis of the colon, kidney disease or any hereditary disease? ☐ Yes ☐ No
9. During the past 5 years have you suffered from any illness or injury requiring investigation, consultation, treatment, tests (including blood tests) or advice by a specialist, clinic, hospital or doctor? ☐ Yes ☐ No
10. Do you have any current symptoms or complaint for which you have not sought medical advice but intend to (you do not need to disclose matters relating to uncomplicated pregnancy, fertility treatment, hay fever, common colds and flu or vaccinations)? ☐ Yes ☐ No
11. During the last 5 years have you suffered from:
 - a) epilepsy, fits or blackouts? ☐ Yes ☐ No
 - b) mental illness, anxiety, stress, post-traumatic stress disorder, depression or any other psychiatric or nervous disorder? ☐ Yes ☐ No
 - c) arthritis, rheumatism, gout or trouble with your bones, joints or muscles? ☐ Yes ☐ No
 - d) asthma, bronchitis, pneumonia or other respiratory disorder? ☐ Yes ☐ No
 - e) any disorder of the stomach, digestive system, liver or bowel? ☐ Yes ☐ No
 - f) any kidney or bladder disorder? ☐ Yes ☐ No
 - g) any gynaecological disorder or abnormality of the breast, uterus or cervix? ☐ Yes ☐ No
 - h) any form of allergy, skin complaint or any problem with sight or hearing? ☐ Yes ☐ No
12. Are you presently applying, or during the last 2 years have you applied, for Income Protection or Critical Illness Insurance 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

13. In the last month, have you
 - a) tested positive for Coronavirus (COVID 19)? ☐ Yes ☐ No
 - b) been tested for Coronavirus (COVID 19) but have not yet received a result? ☐ Yes ☐ No
 - 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? ☐ Yes ☐ No
 - d) had direct contact with someone who's been confirmed or is still suspected to have Coronavirus (COVID 19)? ☐ Yes ☐ No
14. Do you currently have symptoms such as a persistent cough, high fever, fatigue or body aches? ☐ Yes ☐ No

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 from you – we cannot consider your application without full details. Please provide details **on the back of this application** if you have **more than two medical conditions** to disclose.

Use the questions shown to provide your answers.

	Condition 1	Condition 2
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?		

If you answered yes to question 8 family history, please answer the following questions:

Which family member does this relate to?	How old were they at diagnosis?
What medical condition were they diagnosed with?	

A copy of the terms and conditions of the proposed plan and also a copy of the completed proposal form will be made available on request.

Confirming Your Identity

In order to process your application Metfriendly 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.

Declaration

- I hereby apply for Income Protection and accept the terms and conditions as described within the product literature and elsewhere within this application. I confirm I have also 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 our Rules at all times (a copy of our Rules appears on mpfs.org.uk and is available in printed form upon request).
- I declare that the foregoing statements are to the best of my knowledge and belief true and complete. After the initial premium-free period, I authorise the deduction from my monthly salary 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 the Society does not begin until the application has been accepted. Any medical condition that arises prior to the policy start date must be notified to the Society or your claim may be denied.

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 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 open rates and clicks using industry-standard technologies. For more information, please see our privacy notice at mpfs.org.uk/privacy

Contact Details

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