

www.pgmutual.co.uk

Income Protection Plus Application Form

Please note:

- In order to become a Member you must be residing and working in the UK and working a minimum of 16 hours per week
- You must have been residing and working in the UK for at least the last 6 months for your application to be processed
- You must be under the age of 60 to apply
- You must inform us if there are any changes to your state of health between application and acceptance
- You need to be in the UK to claim. If you are incapacitated whilst on holiday abroad, a claim can only start once you return to the UK
- After becoming a Member, you should inform PG Mutual of any occupational or income changes as soon as possible, as this may affect the amount of benefit you can claim
- All relevant sections of the Application Form need to be completed. In particular, please ensure that you have filled in the amount of cover for which you wish to apply.

If you have any questions, please call us on **0800 146 307**.

1. Details of Applicant

1.1 Personal Details

Title: _____

Surname: _____

Previous name: (if applicable) _____

Forenames: _____

Date of birth: _____

Home address: _____

Postcode: _____

1.2 How long have you lived at this address?

1.3 Business Details

Business name: _____

Address: _____

Postcode: _____

1.4 Please tick which address you would like us to use for correspondence:

Home Business Email

1.5 Contact Details

Daytime number: _____

Mobile number: _____

Email address

Work: _____

Personal: _____

1.6 Place and country of birth:

If you were not born in the UK, how many years have you lived here?

1.7 Have you applied to PG Mutual for Membership previously?

1.8 If you are required to be a member of a professional body in order to practise your profession, or belong to any professional membership organisation(s), please list, along with your registration number if applicable:

1.9 Do you hold any professional qualifications? If so, please note them here:

1.10 How did you hear about PG Mutual?

2. Your Occupation

2.1a What is your main occupation? Please state your job title:

2.1b In what industry does your occupation take place?

2.2 Are you: (please tick all that apply)

Employed Owner/director Self-employed Locum

2.3 Please state the essential duties of your main occupation:

2.4 How is your main occupation split in % terms:

Manual: _____ Administrative: _____ Supervisory: _____

Other: _____

2.5 How many days a week do you work?

2.6 How many hours a week do you work?

2.7 Has there been a change in your working pattern in the past 12 months?

Yes No If yes, please provide details:



2.8 Have you more than one occupation?

Yes No If yes, please note your secondary job title and details of the work involved:

2.9 How is your secondary occupation split in % terms:

Manual: _____ Administrative: _____ Supervisory: _____

Other: _____

2.10 How many days a week do you work?

2.11 How many hours a week do you work?

2.12 Has there been a change in your working pattern in the past 12 months?

Yes No If yes, please provide details:

2.13 Is your working pattern likely to change in the near future?

Yes No (tick as appropriate)

3. Your Income

3.1 If an employee, what are your gross earnings for PAYE tax purposes in the last full tax year?

3.2 If all, or part, of your gross earnings are related to self-employed activities, please note your share of pre-tax profits in the last full tax year.

3.3 Have your earnings varied significantly since the last full tax year?

If yes, please state how they have varied.

3.4 In the event of making a claim, please confirm that you will be able to provide evidence that supports the earnings you have told us about in Section 3.

Yes No If you select no, please be aware that the benefits we pay you in the event of a claim may be restricted.

3.5 Would you receive any sick pay, over and above Statutory Sick Pay (SSP), if you were absent from work?

Yes No (tick as appropriate)

3.6 If yes, for how long would you receive sick pay from your employer?

3.7 FOR OWNERS OR DIRECTORS ONLY. Will you be using your income protection with PG Mutual to cover the cost of a locum in YOUR absence?

Yes No (tick as appropriate)

If yes, please state how much your daily NET locum fees are on average.

Important: In the event of a claim, we may need to see original documentary evidence of your earnings in the 12-month period immediately before you became unable to work through your incapacity:

- If you are employed, we may require printed payslips, P60 and, if applicable, your P11D
- If you are self-employed or in partnership, we may require your most recent business accounts and latest agreed HM Revenue & Customs Tax Assessment
- If you are employed as a shareholder director within a private limited company, we may require proof of income plus other benefits you receive
- It is important to select the deferral option that is appropriate to your circumstances.

4. Cover Required

IMPORTANT: PLEASE COMPLETE PRIOR TO SUBMISSION

4.1 State the weekly level of cover you require

£

This cannot exceed the income you would lose by being incapacitated. We cover up to 70% of your gross earnings or £1200 a week, whichever is lower.

4.2 Deferral period:

Nil ('day one') 7 Days 14 Days 1 month

3 months 6 months 12 months

4.3 Benefit option: Premium Cover Standard Cover

If you are unsure which option is right for you, please call us on **0800 146 307**.



5. Policy Start Date & Premium Payments

5.1 I wish my cover to start: (please tick)

As soon as possible To be arranged

or please provide the date

/ /

5.2 All subscriptions must be paid by Direct Debit (please tick)

Monthly Annually

5.3 Policy start date

If your application is accepted on standard terms, unless you have stated above a date on which you would like cover to commence, or instructed otherwise in the meantime, we will start your cover as soon as possible.

If your application is not accepted on standard terms, cover will start when we have received your written acceptance of revised terms.

Paying the initial subscription

Please tick if you would like to pay your initial subscription by Debit Card. If not, we will automatically collect it by Direct Debit. Unfortunately we cannot accept Credit Card payment.

If you decide not to proceed with your application once it has been accepted, providing it is within the cooling off period of 30 days, PG Mutual will refund any subscription(s) paid provided you have not made any claims(s).

6. Your Health

6.1 Do you smoke? Yes No

If you were a smoker but have now stopped, please give the month/year when you stopped.

/ /

6.2 What is your height?

Feet Inches (or) Metres

6.3 What is your weight?

Stones Lbs (or) Kgs

6.4 Your GP's details

Name:

Address:

Postcode:

Telephone:

If you have been registered for less than six months, please provide details of your previous GP.

Name:

Address:

Postcode:

Telephone:

6.5 Do you take part in, or are considering taking up, hazardous sports?

Yes No If yes, please provide details:

7. Claims

7.1 Have you made any claim(s) in the last five years on any income protection, sickness and accident or mortgage-related protection policies, or are you aware of, or intend to make, a claim in the next six months on any such insurances?

Yes No If yes, give details below in 'Further Information'.

7.2 Other insurances

Have you ever had any insurance policy cancelled on the grounds of false, fraudulent or dishonest behaviour?

Yes No If yes, give details below in 'Further Information'.

7.3 Have you ever had any application for a health-related insurance policy declined?

Yes No If yes, give details below in 'Further Information'.

7.4 Do you hold any other health-related insurance policies?

Yes No If yes, give details below in 'Further Information'.

Please note: If you intend this policy to replace an existing income protection policy, we do not recommend cancelling your existing cover until your application has been accepted by PG Mutual and your first subscription payment has been collected.



IMPORTANT INFORMATION FOR APPLICANTS WHICH SHOULD BE READ CAREFULLY

ACCESS TO MEDICAL REPORTS ACT 1988

YOUR RIGHTS UNDER THE ACCESS TO MEDICAL REPORTS ACT 1988

(The Access to Personal Files and Medical Reports (NI) Order 1991)

Summary of the main points contained in the Act.

Before we can apply for a medical report/sight of your medical records from your doctor, there are a number of rights under this Act of which you should be aware – these are set out below (full details of your rights under the Act can be made available upon request).

- 1) You may withhold your consent.
- 2) You have the right to see the report before it is sent to us provided you apply to your doctor within 21 days.
- 3) Your doctor is required to retain a copy of his/her medical report for at least six months. During this time, you may ask your doctor to see a copy of this report.
- 4) You may ask your doctor to amend any part of the report which you consider incorrect or misleading. If he/she is not in agreement, you may attach your comments to the report.
- 5) Your doctor can withhold access to any part of the report if he/she feels you or others would be harmed by seeing it. In such cases, he/she must notify you and you will be limited to seeing only the remaining part of the report. If the whole report is affected, he/she must not submit it unless you give your consent.

IMPORTANT NOTES

- We recommend that you retain a copy of this Application Form for your records.
- Your Plan will not change until we have assessed and accepted your application, and the initial subscriptions (or part of the first month's subscriptions, if applicable) have been paid.
- PG Mutual has a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our Memorandum and Rules and a copy of your Application Form.

Check List

Please check that you have completed the following:

- Full details of income
- Signed and dated the Application Form
- Signed and dated the Direct Debit Mandate (If applicable.)

Declaration

I, the undersigned, have read the explanation of my rights under the Access to Medical Reports Act 1988 (The Access to Personal Files and Medical Reports (NI) Order 1991) and consent to PG Mutual seeking information in connection with this application or in relation to any future claims arising from my Membership of the Society 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.

If you wish to see your medical report(s) before they are sent to PG Mutual, please tick the box.

I wish to enter into a contract for the cover stated on this application. I understand and agree that the Society may wish to reduce the level of cover applied for and may do so at their sole discretion.

I confirm and consent to the fact that my personal details are held on computer and consent to the use of personal details by the Data Controllers and relevant third parties for the purpose of this application.

The Data Controllers referred to above are PG Mutual, who may from time to time send information (by post, telephone, email, fax or other means) about products or services that may be of interest.

If you do not wish to receive information about products and services from third parties, please tick the box.

I understand that I must inform PG Mutual of any change in my medical condition or occupation between the date of signing this application and the date of acceptance by PG Mutual.

PG Mutual may also contact any insurance office to which a proposal has been made for insurance or to which a claim has been submitted by me and I authorise the exchange of such information.

I consent to MorganAsh, PG Mutual's underwriting partner, contacting me with regards to my PG Mutual Income Protection Plan Application. For further details on this procedure, please see 'Your Guide to Tele-Interviews'.

I confirm that I have read the 'Keyfacts' and 'Key Features' documents and have received an illustration for my requested cover.

Print full name: _____

Signature: _____

Date: / / _____

For Office Use ONLY

- Application Form completed and signed
- Copy of illustration retained on file
- Copy of Key Features retained on file
- Copy of Keyfacts retained on file
- Identity and address verification retained on file

Instruction to your bank or building society to pay by **Direct Debit**



1 Name and full postal address of your bank or building society

To the Manager
Bank or building society:

Address:

Postcode:

2 Name(s) of account holder(s)

3 Branch sort code

(from the top right-hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

4 Bank or building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

5 PG Mutual Member Number (For office use only)

6 Instruction to your bank or building society

Please pay PG Mutual Direct Debits from the account detailed on this Instruction, subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with PG Mutual and, if so, details will be passed electronically to my bank/building society.

Signature(s):

Date: / /

Banks and building societies may not accept Direct Debit Instructions for some types of account.

Tel: **01727 840095** Fax: **01727 832710** Email: info@pgmutual.co.uk

PG Mutual is the trading name of Pharmaceutical and General Provident Society Ltd. Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA. Incorporated in the United Kingdom under the Friendly Societies Act 1992, Registered Number 462F. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, Firm Reference Number 110023.
January 2017 INCOME PROTECTION PLUS - APPLICATION FORM



Please detach and keep this Guarantee before sending the Instruction to PG Mutual.

The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit, PG Mutual will notify you 7 working days in advance of your account being debited or as otherwise agreed
- If you request PG Mutual to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by PG Mutual or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
- If you receive a refund you are not entitled to, you must pay it back when PG Mutual asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.