

Affinity Personal Income Replacement Plan

Application Form



IMPORTANT NOTE

It is important that you provide us all of the information we ask for in order that we may fairly and objectively assess the risk to the Society of providing Income Replacement Insurance to you.

Therefore, you must take reasonable care to answer all of the questions on this form and any follow up questions we might ask, truthfully, without misrepresentation and, to the best of your knowledge, accurately and fully.

If you do not understand a question or are unsure of how to answer it you must let us know so this can be resolved before we provide you with our offer of cover.

When we have received and reviewed this form we will decide if we need more information and we will contact you to let you know what we need and, where necessary, agree with you how we will obtain it.

If you do not take reasonable care and answer all of the questions we ask truthfully and to the best of your knowledge, accurately and fully, your policy may be cancelled, treated as if it never existed or amended in the light of inaccurate or incomplete information and, as a consequence, a future claim may not be paid or not paid fully.

Please complete all sections fully and use section 11 if you require more space.

1 Your personal details

1 Title Mr Mrs Ms Miss Other

2 Gender Male Female

3 Surname

First name(s)

4 Address

Postcode

5 Telephone no. (home)

Telephone no. (business)

Telephone no. (mobile)

Email address

6 Date of birth / /

Place of birth

7 National insurance number

8 What nationality or nationalities do you hold?

Are you a United Kingdom (UK) passport holder? Yes No

9 If you do not hold UK nationality do you consider yourself to be domiciled in the UK? Yes No

To be domiciled in a country you will be legally and permanently resident in that country. If you do not intend to remain resident in the UK in the long term we may not be able to insure you.

If you have answered "No" to question 9 please provide information below about your intentions in this context.

2 Medical and lifestyle

1 What is your height? _____ ft _____ inches or _____ cm

2 What is your weight? _____ st _____ lbs or _____ kg

Has your weight changed by more than 7lbs (3kg) during the last 12 months?

Yes No

If yes, please state below why:

3 Do you have any disease(s) or other medical disorder(s) which cause you to see a doctor regularly (*annually or more frequently*)?

Yes No

If yes, please state below the medical condition(s) and any treatment(s) being received:

4 Have you had any diseases, injuries or other medical disorders that have caused you to be absent from work for 3 weeks or more in the last 5 years?

Yes No

If yes, please state below the medical condition(s), when this/these occurred and any treatment(s) you received:

5 Have you had any diseases, injuries or other medical disorders that have occurred more than once in the last 5 years and caused you to be absent from work for 1 week or more?

Yes No

If yes, please state below the medical condition(s), when this/these occurred and any treatment(s) you received:

6 Are you currently advised to take medication on a regular basis?

Yes No

Other than that referred to above, have you been advised to take medication on a regular basis at any time during the last 5 years?

Yes No

If you have answered yes to any of the above questions, please state below what medication, why, and for how long you have taken or took the medication.

7 Do you know or suspect that you have a medical disorder(s) for which you have not sought the advice of a medical practitioner?

Yes No

If yes, please state below what:

8 Are you a smoker? Are you a non-smoker (please tick only one box)

You will be considered to be a non-smoker if you have not used any form of tobacco products, including nicotine-replacement products such as gum and patches, for a period of 12 months.

9 During the last 5 years, have you ever used any recreational drug or substance?

Yes No

Have you become reliant on any recreational drug, prescription drug, non-prescription drug (for example pain killers) or any other substance?

Yes No

If you have answered yes to any of the above questions, please state below what and when:

10 Do you currently consume alcohol? Yes No

If you answered no, have you regularly consumed alcohol at any time during the last 3 years? Yes No

Have you ever been advised to cease drinking for medical reasons? Yes No

a) If you have answered yes to any of the above questions, please state below how frequently on average your consumption of alcohol takes/took place (please tick only one).

Daily Weekly Monthly Less than an average of once per month

b) If you have ticked a box in 10a above, please state below what is or was your typical average weekly consumption of alcohol (please complete all that apply).

Beer, lager or cider up to 4.5% vol _____ pint(s)

Strong beer, lager or cider above 4.5% vol _____ pint(s)

Standard measure(s) (175 ml) of wine _____ glass(es)

Large measure(s) (250 ml) of wine _____ glass(es)

Standard measure(s) (50 ml) of fortified wine or similar _____ measure(s) e.g. Sherry, Port, Vermouth etc

Single measure(s) (25 ml) of normal strength spirits 37.5% vol _____ measure(s)

Single measure(s) (25 ml) of export strength spirits above 37.5% vol _____ measure(s)

"Alcopop" style drink(s) (275 ml bottle) _____ bottle(s)

3 Hobbies, other sports and pastimes

- 1 Do you participate in any sports or pastimes of a physical or hazardous nature or have you done so during the last 12 months or intend doing so during the next 12 months? Yes No

If yes, please tick any applicable activities from the following list and also tell us about any other(s) not listed.

Any aviation or aerial activity for example, Private flying, Microlighting or Hang-gliding

Yachting Mountaineering Caving/Pot-holing Horse-riding Martial arts

Powerboat racing Parachuting Skiing Winter sports other than on-piste skiing

Any motor sport Rugby Football Cricket

Other contact/team sports please specify:

- 2 How frequently do you participate in the sport(s)/pastime(s) ticked above?

Do you compete at amateur or semi-professional levels in any of the sport(s)/pastime(s) ticked above? Yes No

4 Holiday and leisure travel

This section deals with [non-business](#) travel only.

- 1 Do you undertake overseas travel for leisure purposes of greater than 1 month's duration on any single occasion or, for greater than 2 months aggregated over any typical year? Yes No

If yes, please provide full details including type of holiday, typical destination(s), method(s) of travel and likely duration:

5 Business travel

This section deals with [business](#) travel only. You are not required to tell us here about holidays and travel for leisure purposes.

- 1 Do you drive for business purposes? Yes No
(this does not include commuting to and from your normal place of work)

If you have answered yes, please answer the remaining questions in this section.

- 2 When you drive for business purposes which of the following do you normally drive? (please tick all that apply)

Cars Vans or other goods vehicles up to 7.5 tonnes GVW

Goods vehicles above 7.5 tonnes GVW Public service vehicles

How many business miles do you drive per year in each of the following?

The United Kingdom (UK) _____ Miles Other countries of the European Union (EU) _____ Miles

Other countries not included above _____ Miles (please list the countries to which this applies)

- 3 Does your occupation require your motor insurance or that of your employer specifically to cover you as a commercial traveller? Yes No

- 4 When you travel abroad for business will you be insured under an appropriate policy in respect of medical emergencies?

Yes No If yes, does the cover include the following? (please tick both if appropriate)

Emergency medical treatment including hospitalisation

Repatriation to the UK in the event of a serious medical emergency

6 Occupation details

1 What is your occupation?

Your occupation is the type of work that you do, not your actual job with a particular employer or within your business.

2 Please specify the principal normal duties you carry out in your employment and/or self-employment:

3 What qualification(s) do you hold?

4 Is your occupation legally subject to a mandatory retirement age prior to your state pension age? Yes No

If yes, what is that age? _____

5 Does your work involve any of the following:

a) The use of any safety equipment or special clothing? Yes No

If yes, what?

b) The operation of machinery? Yes No

If yes, what?

c) Working at heights over 40 feet (12 metres), offshore, underground, or underwater? Yes No

If yes, give details:

6 Including the date of this application, during the last 90 days have you been absent from work because of illness or because of injury caused by an accident?

Yes No If yes, please give brief details:

7 Employment details

Please complete this section if you have income from employment - this includes company directors.
(please complete section 8 if you also have income from self-employment)

1 What is the name and trading address of your employer?

Postcode

2 For how long have you worked for your employer? _____ Years _____ Months

3 What is your job title?

4 Is your contract of employment limited to a fixed term? Yes No

If yes, on what date does it expire? / /

5 Are you a director of the company that employs you? Yes No

Are you also a shareholder in that company? Yes No

6 Please state below your monthly gross pay (*before deduction of tax*), averaged over the last 6 months.

Total basic monthly pay £ _____ Regular overtime £ _____ Average commission £ _____

7 If you are also a shareholder do you receive regular dividends from the company that employs you? Yes No

If yes, how much do you receive? £ _____ How often do you receive this?

PLEASE NOTE

We will only provide cover for regular dividends that are paid by the business that employs you. We cannot provide cover for any investment income arising from shareholdings under any other circumstance.

8 Other regular income £ _____ Per Week / Month / Year (*delete as appropriate*)

Please state the nature of this income:

9 Excluding Statutory Sick Pay, do you receive any other continuing income from your employer because you are unable to work because of incapacity?

Yes No If yes, how much do you receive? £ _____

For how long will this continue? _____ Weeks / Months / Years (*delete as appropriate*)

8 Self-employment details

Please complete this Section if you have income from self-employment.
(please ensure you completed section 7 if you also have income from other employment)

1 What is the name and trading address of your business?

Postcode

2 What is your style of trading?

Sole Trader Partnership

a) If you are trading in partnership, how many partners does the business have including you? _____

b) What is your personal share of the annual profit after deduction of business expenses? _____ %

3 For how long have you been in business? _____ Years _____ Months

4 In which month does your trading year end?

What trading year does your most recent accounts and financial statements cover?

What Income Tax year does your most recently filed Self Assessment tax return cover? Year ended 5th April _____

5 How many direct employees paid under PAYE does your business have?

Does your business engage contractors or sub-contractors? Yes No If yes, how frequently? _____

If you are incapacitated and unable to work, can your employees, contractors or sub-contractors continue to work for you?
Yes No

6 What was your income from the business, as declared on your last Self Assessment tax return? £ _____ or

If you have not yet filed your first Self Assessment tax return please tick here?

9 Your plan requirements

For levels of cover of £1,000 per month or below, you may select monthly amounts of cover that match your total insurable income, within the ranges set out in the following table.

For levels of cover above £1,000 per month the amount of cover you request cannot exceed our limit of cover which is the lower of 65% of your total insurable income or £3,250 per month – equivalent to £39,000 per annum (“*maximum cover limit*”).

If you select and/or maintain a higher level of cover than your income entitles you; at the time of any claim we may not pay all of the benefit you are expecting and, if so, we will not refund any excess contributions you may have paid.

Total insurable income (in the ranges)	Maximum monthly cover	Minimum monthly cover
£4,500 to £6,000	£325	Minimum cover for any Plan and subject to a minimum of 16 hours paid work per week
£6,001 to £9,230	£500	–
£9,231 to £13,846	£750	–
£13,847 to £18,462	£1,000	–
Above £18,462	Additional cover may be purchased in multiples of £100 per month subject to your income	

Your total insurable income is your annual income from all sources, on which the amount of cover you are eligible to hold will be based

Please read carefully all of the information set out above, before answering questions 1 and 2

1 What level of monthly cover you require? (please tick only one box)

£325 £500 £750 £1,000 Above £1,000

If you require cover above £1,000 per month please state the amount of cover (*above £1,000*) you require, to the nearest £100. £ _____

Please remember it is your responsibility to select the correct amount of cover. If you select and maintain an amount of cover that is not within our maximum cover limit you will not receive all of the benefit you were expecting when you need to claim.

2 After how long do you wish payment of benefit to commence (*the deferred period*)? (please tick only one box)

1 week 2 weeks 4 weeks 8 weeks 13 weeks 26 weeks

3 On which day do you wish your plan to start? (please tick only one box)

1st of the month in which we send our offer to you (*in which case you will have to pay contributions from that day*)

1st of the month following that in which we send our offer to you

If you select this option and you suffer incapacity before your selected start date you will not be able to claim regular benefit for that incapacity and we will have the right to revise our Offer of Cover in the light of any such incapacity.

4 On which day of the month do you wish your contributions to be collected by Direct Debit?

On or just after 1st 8th 15th 22nd of each month or

Annually in advance, on or just after 15 January of each year

10 Other insurance details

1 In connection with any application you have previously made in respect of: Life Insurance, Critical Illness Insurance, income Protection Insurance or other sickness and/or accident insurance, please answer the following questions. *The questions below refer to offers of insurance and should be answered whether or not the insurance actually commenced.*

- a) Has any insurance company or other insurance provider ever declined to insure you? Yes No
- b) Has any insurance company or other insurance provider offered you insurance but with certain conditions excluded? Yes No
- c) Has any insurance company or other insurance provider offered you insurance only on other non standard or special terms? Yes No

If you have answered yes, to any of the above please provide full details, including the name of the insurer(s):

2 Do you have any other income replacement/protection policies? Yes No If you have answered yes:

- a) Have you submitted a claim that has not yet been paid? Yes No
- b) Are you currently receiving benefit under that policy? Yes No

If you have answered yes, to either or both of questions 2a or 2b please provide full details:

3 Other than current claims disclosed in question 2 above, have you ever claimed against your current or any previous income protection insurance policies? Yes No

If yes, please provide full information including dates and duration of claim and the regular amount of benefit you received:

11 Additional information sheet

Detail any information you were unable to fit on the form or further details you wish to provide.

12 Declaration

PLEASE PRINT YOUR FULL NAME _____

I, the above named, hereby apply for membership of Wiltshire Friendly Society Limited and an Affinity Personal Income Replacement Plan.

Please initial each box as appropriate

I declare that, all of the answers given on this form and any additional information provided in section 11 are true, without mis-representation and, to the best of my knowledge, accurate and full.

If required, I consent to MorganAsh Limited contacting me, on behalf of Wiltshire Friendly Society Limited, in connection with this application. MorganAsh Limited is the Society's underwriting partner who carry out telephone interviews on behalf of the Society. I understand that if this is required, I will be provided with the leaflet "A Guide to Telephone Interviews".

To ensure efficient and proper processing of your application the Society will communicate with your adviser, if any, and provide him or her with copy documents. Some of these communications or documents might, include description(s) of the medical reason(s) for any special term(s) that might be applied to any cover provided. If you have an adviser, please indicate below your consent or otherwise for the Society to include medical descriptions within such communications.

Please initial only one of the boxes in this section

I consent to the Society disclosing the description of any special terms relating to medical conditions that may be applied to any cover offered by the Society.

I request the Society not to disclose the medical reason for any special terms that may be applied to any cover offered by the Society.

I consent to Wiltshire Friendly Society Limited using the information provided in relation to this application, including sensitive data, to process this application and if accepted, for the ongoing management of my membership and associated insurance, including but not limited to the processing of future claims. The information may be held on computer, paper file or other appropriate media for as long as the application is being considered or for as long as I am a member of the Society and for an appropriate period thereafter as laid down by statute or regulation. The Society's Privacy Policy has been provided to you by your adviser. It can also be found at www.wiltshirefriendly.com/privacy.

Signed

Date of signing

/ /

Please also remember to complete and sign the Direct Debit mandate, and the Access To Medical Reports Act 1988, at the back of this document.

13 Adviser details

Advising firm		FRN	
Address			
		Postcode	Telephone
Adviser name		Email	
Was advice given?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Mobile	
<p>I/We* confirm that I/We* (<i>delete as appropriate</i>) have obtained and hold evidence to verify the identity of the client named in this application that meets at least the standard evidence set out within the "Guidance for the Financial Sector" issued by the Joint Money Laundering Steering Group.</p>			

Signed	Date of signing	/	/
Name	Position		

14 Adviser notes *(this doesn't form part of your client's application)*

Please use this to inform or instruct the Society about any other relevant details.

15 Access to Medical Reports Act 1988

Before we apply for a medical report from a doctor who has cared for you, we need your consent by signing in the space indicated below. Before doing so, however, you should read this note carefully, as it sets out your rights under the access to Medical Reports Act 1988, and the procedures for dealing with the reports. You do not have to give your consent but, if you do, you can say whether you wish to see the report before it is sent to the Society. If you do not give consent, we may be unable to continue processing your application for membership.

If you say you wish to see the report, we will advise you at the same time as we write to the doctor, and we will tell him that you wish to see the report. You will then have 21 days to contact the doctor about arrangements for you to see the report. Of course, the quicker you act the quicker we can continue processing your application for membership.

If you say you do not wish to see the report, we do not have to notify you if we apply for one. However, if before such a report is sent to us, you write to the doctor saying you wish to see it, you will then have 21 days to contact the doctor about arrangements for you to see the report.

Whether or not you say you wish to see the report before it is sent to us, you will be entitled to request to see it for up to 6 months after it is supplied and the doctor must let you do so.

If you ask the doctor for a copy of the report, he can charge you a reasonable fee to cover his costs.

If you have asked to see the report before it is sent to us, the doctor cannot submit it until he has your consent. You can write to the doctor, asking him to amend any part of the report which you consider to be incorrect or misleading, and have attached to the report a statement of your views on any part where you and the doctor are not in agreement and which the doctor is not prepared to alter.

The doctor is not obliged to let you see any part of a report if, in his opinion, that would be likely to cause serious harm to your physical or mental health or that of others, or would indicate the doctor's intentions towards you, or if disclosure would be likely to reveal information about, or the identity of, another person who has supplied information about you, unless that person has consented or the information related to, or has been supplied by, a health professional involved in caring for you. In such cases, the doctor must notify you, and you will be limited to seeing any remaining part of the report. If the whole report is affected, the doctor must not send it to us unless you give your consent.

16 Access to Medical Reports Act 1988 - Your rights

Before we can apply for any medical report from your doctor, which may be required in respect of your application for membership, we need your consent. Before signing in the space below, you should know that you have certain rights under the access to Medical Reports Act 1988. These are set out above, but the main points are as follows:

- 1 You can withhold your consent.
- 2 You can see the report before it is sent to us, or during the 6 months after that.
- 3 You can ask the doctor if he will amend any part of the report which you consider to be incorrect or misleading. If the doctor is not in agreement, you may append your comments.
- 4 The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it.

Consent to obtain a Medical Report

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, as explained overleaf, and in connection with my current application for membership, hereby consent to Wiltshire Friendly Society Limited seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health, and authorise the giving of such information. I agree that a copy of this consent shall have the validity of the original.

(please tick one box only)

- I wish to see the report before it is sent to the Society
- I do not wish to see the report before it is sent to the Society

Signed	Date of signing	/	/
Name	Date of birth	/	/

17 Your Doctors details

Practice name
Doctors name
Address
Postcode
Telephone
How long have you been with this practice? _____ Years _____ Months

If you have been with your current doctor for less than 6 months please provide details of your previous doctor.

Practice name
Doctors name
Address
Postcode
Telephone
How long have you been with this practice? _____ Years _____ Months



Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the form and send it to:

Wiltshire Friendly Society Limited
 Holloway House
 Epsom Square
 White Horse Business Park
 Trowbridge
 BA14 0XG

Name(s) of account holder(s)

1.

2.

Bank sort code

/ /

Bank/Building Society account number

Name and full postal address of your Bank or Building Society

To the manager

Bank/Building Society

Address

Postcode

Originator's identification number

Reference number

Instruction to your Bank or Building Society

Please pay Wiltshire Friendly Society Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Wiltshire Friendly Society Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

1.

2.

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account

This guarantee should be detached and retained by the payer

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, Wiltshire Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Wiltshire Friendly Society Limited 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 Wiltshire Friendly Society Limited 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 Wiltshire Friendly Society Limited asks you to.
- You can cancel a Direct Debit by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.



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please detach and retain.

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 - 4 The doctor can withhold from you the report, or part of it, if he thinks you would be harmed by seeing it.
-

Privacy Policy

The Society wants to give you the best standard of service it can and the Society is serious about protecting your personal information. It is especially important that you trust the Society to look after sensitive information, including your medical history. The way the Society collects and shares your information is equally important and you expect the Society to manage your information privately and securely.

Our Privacy Policy will tell you how the Society collects and processes your personal information. Please take a few minutes to read it and show it to anyone else who may be connected to the information you provide to the Society.

This Privacy Policy may be subject to change – you can find the most recent version of this Policy at wiltshirefriendly.com/privacy.

The Society never discloses personal data to any third parties for direct marketing or other similar purposes.

The Direct Debit Guarantee

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, Wiltshire Friendly Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Wiltshire Friendly Society Limited 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 Wiltshire Friendly Society Limited 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 Wiltshire Friendly Society Limited asks you to.
- You can cancel a Direct Debit by simply contacting your Bank or Building Society. Written confirmation may be required. Please also notify us.