

# Income Protection Application form



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

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.

## Metfriendly Income Protection may be appropriate for those who:

- Are currently a salaried officer or staff of a Police service in England and Wales
- Are aged 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 nine specified critical illnesses.

## Metfriendly Income Protection may not be appropriate for those who:

- Are aged 50 or above
- Hold an Income Protection Plan elsewhere
- Volunteer and do not receive a salary from a Police service in England and Wales
- Are on restricted or recuperative duties.

Mr/Mrs/Ms/Miss	Surname	Forename(s)		
First line of home address			Postcode	
Date of Birth		<input type="text"/>	<input type="text"/>	Gender M <input type="checkbox"/> F <input type="checkbox"/>
Email Address		Preferred Contact No		

Here at Metfriendly we take your privacy seriously. We will use your email address to confirm your application. In addition we will from time to time provide you with relevant information on financial issues relating to the Police, and the products and services we provide, including special offers by post. We will not contact you by phone for marketing purposes. If you prefer not to receive this information by post, you can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

If you would prefer to receive relevant information on financial issues and our products & services relating to the Police from us by email or text message, please indicate your consent by ticking the box. You can email us at any time to unsubscribe (enquiries@mpfs.org.uk).

National Insurance 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"/>	<input type="text"/>
Constabulary	Prefix & Warrant/Payroll No								
Rank/Grade	Current Position								
Date service commenced	<input type="text"/>	<input type="text"/>	<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>		

**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 Policy meets your protection needs, then please call us on 01689 891454 or email [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk).**

1. Are you currently a salaried Officer or Staff of a Police Service in England or Wales? Yes <input type="checkbox"/> No <input type="checkbox"/>
2. Are you aged between 18 and 49? Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
4. Do you hold an Income Protection policy elsewhere? Yes <input type="checkbox"/> No <input type="checkbox"/>
5. Are you currently on restricted or recuperative duties? Yes <input type="checkbox"/> No <input type="checkbox"/>

For your own benefit and protection, you should read the **Key Features Document** and **policy wording** associated with this product, available by request or on the relevant product page on our website (a copy will also be posted to you once your Income Protection policy is set up). If you do not understand any point, please ask for further information.

## 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:

	Yes	No
1. Have you ever been advised by a medical professional to reduce your alcohol consumption?	<input type="checkbox"/>	<input type="checkbox"/>
2. During the last 5 years have you ever taken any drugs for recreational purposes? (e.g. cocaine, cannabis, heroin, anabolic steroids)	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you engage or have you any intention of engaging in any hazardous sport or pastime? (e.g. private flying, base jumping, mountaineering)	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you currently on restricted or recuperative duties?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
b) stroke, transient ischaemic attack or any form of haemorrhage?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d) diabetes, sugar in the urine or raised cholesterol?	<input type="checkbox"/>	<input type="checkbox"/>
e) any disease or disorder of the blood?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
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)?	<input type="checkbox"/>	<input type="checkbox"/>
11. During the last 5 years have you suffered from:		
a) epilepsy, fits or blackouts?	<input type="checkbox"/>	<input type="checkbox"/>
b) mental illness, anxiety, stress, post-traumatic stress disorder, depression or any other psychiatric or nervous disorder?	<input type="checkbox"/>	<input type="checkbox"/>
c) arthritis, rheumatism, gout or trouble with your bones, joints or muscles?	<input type="checkbox"/>	<input type="checkbox"/>
d) asthma, bronchitis, pneumonia or other respiratory disorder?	<input type="checkbox"/>	<input type="checkbox"/>
e) any disorder of the stomach, digestive system, liver or bowel?	<input type="checkbox"/>	<input type="checkbox"/>
f) any kidney or bladder disorder?	<input type="checkbox"/>	<input type="checkbox"/>
g) any gynaecological disorder or abnormality of the breast, uterus or cervix?	<input type="checkbox"/>	<input type="checkbox"/>
h) any form of allergy, skin complaint or any problem with sight or hearing?	<input type="checkbox"/>	<input type="checkbox"/>
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:	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #e1f5fe; height: 70px; width: 100%;"></div>		
13. In the last month, have you		
a) tested positive for Coronavirus (COVID 19)?	<input type="checkbox"/>	<input type="checkbox"/>
b) been tested for Coronavirus (COVID 19) but have not yet received a result?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d) had direct contact with someone who's been confirmed or is still suspected to have Coronavirus (COVID 19)?	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you currently have symptoms such as a persistent cough, high fever, fatigue or body aches?	<input type="checkbox"/>	<input type="checkbox"/>

**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

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 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. 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. A record of the search will be retained by the credit reference agency.

#### Declaration

- I hereby apply for Metfriendly 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 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 metfriendly.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.

Signed **APPLICANT**

Date

Promotional Code

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 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](http://metfriendly.org.uk/privacy)

#### How did you hear about Metfriendly?

I am a Member  Newsletter  I received a letter  Brochure stand  Intranet  Received an email   
Personal recommendation  Internet search  X  Facebook  I spoke to a Metfriendly representative   
I saw an advert - please state which publication  Other - please state

Publication/Other

#### Contact Details

Metfriendly, Central Court, Knoll Rise, Orpington, BR6 0JA  
Phone: 01689 891454 Metphone: 846690 Email: [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk)

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