

# Life Insurance Plan Application form



## The Metfriendly Life Insurance Plan may be appropriate for those who:

- Are over 18 but under 70.
- Require a policy term between 5 and 35 years (cover must end before age 80 or age 60 if critical illness cover is included).
- Are looking for a lump sum benefit to be paid in the event of death.
- Wish to have a lump sum benefit if diagnosed with one of nine specified critical illnesses (additional cost).

## The Metfriendly Life Insurance Plan may not be appropriate for those who:

- Are aged 70 or above.
- Require a policy term shorter than 5 years or longer than 35 years.
- Require cover beyond age 80.
- Want a plan that has a savings element.

### Cover Details (Please tick which plan you would like)

Decreasing Term Assurance (Mortgage Protection)  **OR** Level Term Assurance  Amount of Cover **£**

Term in full years (5-35) Joint Life Cover\*  Critical Illness Cover\*\*  Separate Policies

If applying for separate policies with different terms, please state requirements here:

\*Joint Life Cover: If you choose this option, you will NOT be able to have Critical Illness covered, NOR put the policy into Trust, and on payout the plan will cease, leaving the other applicant with no cover. You may prefer to have two separate policies.

\*\*Critical Illness is only available on single life policies and only if cover ends before age 60.

### Applicant One

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

- We would like to email 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. If you would like to receive the above information **please indicate your consent by ticking the box to the left**. You will be able to unsubscribe from these communications easily and at any time.

Date police 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 Life Insurance policy meets your protection needs, then please call us 01689 891454 or e-mail info@metfriendly.org.uk.**

1. Are you aged between 18 and 69? Yes  No
2. Do you require a lump sum benefit be paid in the event of death? Yes  No
3. Do you require a lump sum benefit to be paid if you are diagnosed with a specified critical illness? Yes  No   
(only applicable if applying for the Critical Illness benefit in the 'Cover Details' section)

### Applicant Two

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

- We would like to email 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. If you would like to receive the above information **please indicate your consent by ticking the box to the left**. You will be able to unsubscribe from these communications easily and at any time.



Applicant One		Applicant Two	
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Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

12. Are you presently applying, or during the last 2 years have you applied, for Life or Critical Illness cover 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:

13. In the last month, have you

- a) tested positive for Coronavirus (COVID 19)?
- b) been tested for Coronavirus (COVID 19) but have not yet received a result?
- 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?
- d) had direct contact with someone who's been confirmed or is still suspected to have Coronavirus (COVID 19)?

Yes	No	Yes	No
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. Do you currently have symptoms such as a persistent cough, high fever, fatigue or body aches?

**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.**

**Use the questions below to provide your answers.**

- 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?

**Applicant One**

**Applicant Two**

## 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. Your information may be disclosed to a credit reference agency, which may keep a record of that information; and (b) the credit reference agency may disclose that information, and the fact that a search was made, to its other customers for the purposes of assessing the risk of giving credit and occasionally to prevent fraud, money laundering and to trace debtors.

### Applicant One Declaration & Authorisation – Please read this carefully:

- I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I authorise the deduction from my monthly salary/by direct debit of all contributions that may become due for both me and my partner (delete if not applicable).
- I hereby apply for the Life Insurance Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application 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 its website and is available in printed form upon request to the Secretary at the Registered Office).

Signed

Date

Promotional Code

### Applicant Two Declaration & Authorisation – Please read this carefully:

- I declare that the foregoing statements are to the best of my knowledge and belief true and complete. I authorise the deduction from my monthly salary/by direct debit of all contributions that may become due for both me and my partner (delete if not applicable).
- I hereby apply for the Life Insurance Plan and accept the terms and conditions as described within the product literature and elsewhere within this Application 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 its website and is available in printed form upon request to the Secretary at the Registered Office).

Signed

Date

Promotional Code

**For your own benefit and protection, you should read the Key Features associated with this product, available by request or viewable at [metfriendly.org.uk](http://metfriendly.org.uk). A copy will also be posted to you once your plan is set up. If you do not understand any point please ask for further information.**

**IMPORTANT – If neither of the applicants is a serving Met Officer/Staff or City Officer, please call or email us and we will provide you with a Direct Debit form to complete.**

**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  Twitter  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 Fax: 01689 891455 Metphone: 846690 Email: [info@metfriendly.org.uk](mailto:info@metfriendly.org.uk)

**Metfriendly is a trading name of the Metropolitan Police Friendly Society Limited.**

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