

# 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			
National Insurance Number	<input type="text"/>	<input type="text"/>	<input type="text"/>	Rank/Grade

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 and services relating to the Police, 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).

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, please call us on 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 to 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			

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 and services relating to the Police, 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).

Date Police Service commenced	<input type="text"/>		<input type="text"/>		<input type="text"/>	Height	<input type="text"/>	Weight	<input type="text"/>
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**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 on 01689 891454 or e-mail info@metfriendly.org.uk.**

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

### Medical Information Questions

Do you smoke or have you used tobacco, nicotine products or e-cigarettes (including vaping) in the last 12 months?

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

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

**Please answer the following questions very carefully:**

- Have you ever been advised by a medical professional to reduce your alcohol consumption?
- During the last 5 years have you ever taken any drugs for recreational purposes (e.g. cocaine, cannabis, heroin, anabolic steroids)?
- Do you engage, or have you any intention of engaging, in any hazardous sport or pastime (e.g. private flying, base jumping, mountaineering)?
- During the last 5 years have you ever been absent from work due to injury or sickness for a period exceeding 5 consecutive days?
- Are you currently on restricted or recuperative duties?
- 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?
- Have you ever sought, or are you currently seeking or intending to seek, medical advice for:
  - any disease or disorder of the heart or circulatory system, including raised blood pressure?
  - stroke, transient ischaemic attack or any form of haemorrhage?
  - 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?
  - diabetes, sugar in the urine or raised cholesterol?
  - any disease or disorder of the blood?
  - 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?
- 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?
- 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?
- 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, hayfever, common colds and flu or vaccinations)?

Applicant One		Applicant Two	
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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. During the last 5 years have you suffered from:

- a) epilepsy, fits or blackouts?
- b) mental illness, anxiety, stress, post-traumatic stress disorder, depression or any other psychiatric or nervous disorder?
- c) arthritis, rheumatism, gout or trouble with your bones, joints or muscles?
- d) asthma, bronchitis, pneumonia or other respiratory disorder?
- e) any disorder of the stomach, digestive system, liver or bowel?
- f) any kidney or bladder disorder?
- g) any gynaecological disorder or abnormality of the breast, uterus or cervix?
- h) any form of allergy, skin complaint or any problem with sight or hearing?

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:

Applicant One		Applicant Two	
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"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)?

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

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"/>
<input type="checkbox"/>	<input type="checkbox"/>	<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.**

**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

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 to verify 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 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.

### 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 the website and is available in printed form upon request).

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 the website and is available in printed form upon request).

Signed

Date

Promotional Code

For your own benefit and protection, you should read the **Key Information Document** and **product particulars** relating to this plan. A copy of these will be available during meetings with Metfriendly representatives or on the product page of the website when selecting this product online. In addition, a copy will also be posted to you once your plan is set up. If you do not understand any of the points, please ask for further information.

**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 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 [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  LinkedIn  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 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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