MY EARNINGS PROTECTED
DATA CAPTURE FORM

CIRENCESTER FRIENDLY

FOR ADVISER USE ONLY

DATA CAPTURE FORM FOR ONLINE SUBMISSION

This Data Capture Form cannot be used to apply for a contract – it is designed to capture the basic responses from your client, which will need to be submitted using Cirencester Friendly's Adviser portal.

To apply please visit **login.cirencester-friendly.co.uk** and log into our Adviser portal.

To apply for a My Earnings Protected contract your client must:

- Live in the UK and their earnings are taxable in the UK
- Be registered with a UK Doctor, who can supply up to date three years medical history
- Be employed or self-employed earning at least £6,400 per year
- Be between the ages of 18 and 55

My Earnings Protected is sold on an individual basis.

APPLYING FOR
MY EARNINGS PROTECTED

CIRENCESTER FRIENDLY

We have worked on building our own unique underwriting engine which, alongside our expert Underwriting Team, aims to make your client's online application process as smooth as possible.

Our online application process is designed to gather information we require through dynamic questioning, in order to provide as many applicants as possible with an instant decision.

The quickest and most effective way to apply for My Earnings Protected is to login at **login.cirencester-friendly.co.uk** with your client, and follow the links to our online application form.

IMPORTANT NOTES

Automatic Medical Evidence

Depending on a clients age and level of benefit, we may require further medical evidence. Please see table below.

Age	Level of cover at which we need automatic evidence
39 and below	No automatic evidence
40-50	£18,100 a year
51+	£12,900 a year

Conditions we can't cover

Unfortunately, we can't offer cover to everyone who applies. Below is a list of medical conditions, which would lead to us automatically declining an application:

- Multiple sclerosis (MS)
- Motor neurone disease (MND)
- Parkinson's disease
- Huntington's disease or Dementia (including Alzheimer's disease)
- Bipolar disorder, Manic depression, Schizophrenia, Borderline personality disorder
- Polycystic kidney disease (PKD)
- HIV/AIDs
- Cardiomyopathy
- Cirrhosis of the liver
- Systemic lupus erythematosus (SLE)
- A major organ transplant (as a recipient)
- Cystic fibrosis

Genetic testing

If your client has had any genetic testing, they do not need to tell us about any test result(s). However, and solely at their discretion, they may tell us of a favourable (negative) test result as this may lead to better terms.

QUOTE DETAILS

CIRENCESTER FRIENDLY

We require accurate and complete health information to be provided at application.

Title

First name(s)

Surname

Date of birth (You must be between the ages of 18 and 55 to apply) D D / M M / Y Y Y Y

Gender at birth

Nationality

Address

Postcode

Telephone Number

Email

Occupation

Employment type ☐ Employed ☐ Self Employed ☐ Company Director

Hours worked per week

What is your personal taxable income? £

(If you are employed, please state your personal taxable income for the current tax year. If you are self-employed, please state your projected earnings for the current tax year)

GUARANTEED LEVEL OR ANNUAL ESCALATING PREMIUM?

(A Guaranteed Level premium will remain the same throughout the term of your contract, and a Guaranteed Annual Escalating premium will increase annually*)

☐ Level premium ☐ Annual Escalating premium

** Subject to age band increases, indexation and contract changes*

Retirement Age

(There are two retirement ages available: the age of 70, or the given occupational retirement age set by the Society based on your occupation. Please note there must be a minimum of five years between your start date and your retirement age)

Would you like the benefit to be index-linked? Yes ☐ No ☐

DEFERRED PERIOD

Please confirm your chosen deferred period from the options below. If you require a split deferred period, please select a second deferred period.

Deferred Period 1

☐ 1 Week ☐ 4 Weeks ☐ 8 Weeks ☐ 13 Weeks ☐ 26 Weeks ☐ 52 Weeks

Deferred Period 2

☐ 1 Week ☐ 4 Weeks ☐ 8 Weeks ☐ 13 Weeks ☐ 26 Weeks ☐ 52 Weeks

Amount of Benefit

Please confirm the amount of weekly benefit you require. If you have chosen a split deferred period, please confirm the benefit amount for each period.

Deferred Period 1

£

Deferred Period 2

£

Would you like to add Severe Injury Cover? Yes ☐ No ☐

(If 'yes' please indicate which deferred period you would like to add this to)

☐ 1st deferred period ☐ 2nd deferred period ☐ Both

Which claim period would you like to choose? ☐ Full-Term ☐ Short-Term (2 years)

OCCUPATION

Other than statutory sick pay (SSP), are you entitled to any earnings or company sick pay if you are off work due to illness or injury in your main job or occupation? Yes ☐ No ☐

(If 'Yes' please provide details e.g., how much, how often and for how long)

Do you have any other job, occupation, or activity (sports & hobbies included*) from which you receive additional income? Yes ☐ No ☐

(If 'Yes' please provide details e.g., what job, occupation or activity, time spent per week/month and income/earnings)
*excludes motor sports

Are you currently off work, working reduced hours or had your duties altered due to illness or injury? Yes ☐ No ☐

If 'Yes please provide details e.g what job, occupation or activity, time spent per week/month, income/earnings
(Please note that we are unable to offer you cover if you are not currently working)

HEIGHT/WEIGHT

What is your height? (Without shoes)

feet inches or meters

What is your weight?

stones pounds or kgs

If you're uncertain of your current weight, please ensure you weigh yourself before answering. If you're currently pregnant, please tell us your weight immediately before your pregnancy.

TOBACCO OR NICOTINE USAGE

Selectable options as below:

- Regular, occasional or social use
- Completely stopped within 12 months
- Completely stopped between 1 and 3 years ago
- Completely stopped between 3 and 5 years ago
- Completely stopped more than 5 years ago
- Never used

CIGARETTES & OTHER TOBACCO PRODUCTS

Only answer the following questions if you are a regular, occasional social smoker or if you have smoked within the last 12 months

- Cigarettes (daily)
- Small cigars (daily)
- Large cigars (daily)
- Pipe tobacco (bowls per day)
- Rolling tobacco (grams per week)

In the last 12 months, have you used e-cigarettes/vapes (regardless of whether they contain nicotine) or any other nicotine replacement product (e.g., patches, gum, spray)? Yes No

ALCOHOL & DRUG USE

What is your typical weekly consumption of:

- Higher-strength Lager, Beer or Cider (pints)
- Normal Lager, Beer or Cider (pints)
- Wine (small glass, 125ml)
- Wine (medium or standard glass, 175ml)
- Wine (large glass, 250ml)
- Spirits (single measures, 25ml)
- Alcopops (275ml bottles)

At any time have you been advised to reduce your consumption of alcohol or tobacco or received medical advice, counselling or treatment in connection with alcohol, tobacco or other drug/substance abuse? Yes No

(If 'Yes' please provide details e.g., what advice/treatment and when)

SPORTS & HOBBIES

Do you currently, or have you any intention of engaging in a Hazardous Activity? Yes ☐ No ☐

A Hazardous Activity is any recreational activity which may increase your risk of incurring an injury, which may leave you unable to work and earn a living. Although we do not automatically increase premiums or impose an exclusion for those who participate in these activities, we do ask you to provide information on any Hazardous Activities that you undertake. Examples of Hazardous Activities include, but are not limited to: Motor sport, Rugby, Horse riding, Aviation, Diving or Mountaineering. For the avoidance of doubt, if you are unsure whether any recreational activity that you participate in would be classed as a Hazardous Activity, please tell us about it. ***Please note if your client participates in any form of motor sport, exclusions will apply.***

How many Hazardous Activities do you currently, or have you any intention, of engaging in? ☐ 1 ☐ 2 ☐ 3

Which hazardous activity(ies) does this relate to?

Have you suffered more than 1 injury that required medical attention, hospitalisation, treatment or time off work whilst participating in this Hazardous Activity in the last 3 years? Yes ☐ No ☐

Tell us about the specifics of any injury suffered above in the medical section below, making it clear which hazardous activity each injury relates to.

MEDICAL HISTORY – EVER

If you answer 'Yes' to any of the health questions, you will be prompted to answer further questions about that medical condition near the back of this form.

Have you ever been diagnosed, suffered from or had any of the following?

- Arthritis (including gout) Yes ☐ No ☐
- Ankylosing spondylitis or surgery to your neck, back or spine Yes ☐ No ☐
- Fracture resulting in placement of metalwork (regardless of whether any metalwork is still in place today) Yes ☐ No ☐
- Joint replacement Yes ☐ No ☐
- Joint dislocation or ACL rupture/tear injury Yes ☐ No ☐
- Fibromyalgia Yes ☐ No ☐
- Chronic fatigue syndrome (CFS), debility or Myalgic Encephalomyelitis (ME) Yes ☐ No ☐
- Any eating disorder, addiction or other mental health condition that has required inpatient treatment or referral to a psychiatrist or psychologist Yes ☐ No ☐
- Cancer or tumour Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of the heart (e.g., angina, heart attack, irregular heartbeat or palpitations) Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of the blood vessels (arteries or veins) that carry blood to and from the brain (e.g., stroke or brain haemorrhage) Yes ☐ No ☐
- Any disease, condition or disorder of the brain and spinal cord (central nervous system) including optic neuritis (e.g., encephalitis or paralysis) Yes ☐ No ☐
- Any disease, condition or disorder of the nerves that lie outside of the brain and spinal cord (e.g., trigeminal neuralgia, tremor or difficulty with upper and/or lower limb co-ordination or walking) Yes ☐ No ☐
- Ulcerative colitis or Crohn's disease Yes ☐ No ☐
- Epilepsy or seizure disorders Yes ☐ No ☐
- Hepatitis Yes ☐ No ☐
- Sarcoidosis Yes ☐ No ☐

RECENT MEDICAL HISTORY - LAST 5 YEARS

Have you been diagnosed, suffered from, had treatment for or had any problems relating to any of the following within the last 5 years?

You do not have to repeat anything that you have already mentioned

- A broken bone or fracture — Yes ☐ No ☐
- Any disease, condition or disorder of the neck or back — Yes ☐ No ☐
- Any disease, condition or disorder of any joint, ligament, tendon, cartilage, muscle or any repetitive strain injury — Yes ☐ No ☐
- Any disease, condition or disorder of the bones (e.g., osteopenia or osteoporosis) — Yes ☐ No ☐
- Any condition, disorder or abnormality of the blood (e.g., anaemia or sepsis) — Yes ☐ No ☐
- High or low blood pressure — Yes ☐ No ☐
- Raised cholesterol — Yes ☐ No ☐
- Any disease, condition or abnormality of the arteries or veins (e.g., deep vein thrombosis (DVT), varicose veins or raynaud's disease) — Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of liver, gall bladder, pancreas — Yes ☐ No ☐
- Hernia — Yes ☐ No ☐
- Any disease, condition or abnormality of the kidney, bladder, urinary tract (e.g., blood in the urine or urinary tract infections) — Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of the bowel or digestive system (e.g., coeliac disease or irritable bowel syndrome) — Yes ☐ No ☐
- Diabetes — Yes ☐ No ☐
- Any disease, condition or abnormality of the thyroid or parathyroid glands — Yes ☐ No ☐
- Depression, anxiety, stress, low mood, panic attacks, bereavement reaction, anger management, fatigue or insomnia — Yes ☐ No ☐
- Any condition, disorder or abnormality of the eyes or ears — Yes ☐ No ☐
- Any disease, condition or abnormality of the nose, sinuses, throat, airways or lungs — Yes ☐ No ☐
- Blackouts, fainting, headaches, migraines, dizziness or vertigo — Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of the male reproductive system — Yes ☐ No ☐
- Tested positive for a sexually transmitted disease or infection, or awaiting the results of such a test — Yes ☐ No ☐
- An internal or external lump, benign tumour, cyst, polyp or other growth — Yes ☐ No ☐
- Any disease, condition, abnormality or disorder of the skin — Yes ☐ No ☐

MISCELLANEOUS

Apart from anything that you have already told us about:

If you answer 'Yes' to any of the questions below, please provide more details on the additional notes section on page 12

- In the last 5 years, have you had any medical interaction with a doctor, other medical practitioner, at a hospital or required any investigation, scan or test? Yes ☐ No ☐
- Are you considering seeking medical advice or treatment in the near future or have you been advised to have any medical investigation, test or scan or are you awaiting any results? Yes ☐ No ☐
- Do you have any other medical condition or injury for which you are taking tablets, medicines, prescribed drugs or any other treatment (e.g., physiotherapy or chiropractor)? Yes ☐ No ☐
  Other than for anything you have already mentioned, have you had time off work in the last 2 years due to sickness, illness or injury? Yes ☐ No ☐
- Is there anything else concerning your occupation or personal medical history that you would like us to take into account in the assessment of your application? Yes ☐ No ☐

FAMILY HISTORY

Have any of your birth/biological parents, brothers or sisters been diagnosed with, or died from any of the following conditions before the age of 65?

- Alzheimer's Disease Yes ☐ No ☐
- Cancer Yes ☐ No ☐
- Diabetes Yes ☐ No ☐
- Heart Disease (including heart attack, angina & bypass surgery) Yes ☐ No ☐
- Stroke (including transient ischaemic attack (TIA) or "mini stroke" Yes ☐ No ☐
- Cardiomyopathy Yes ☐ No ☐
- Huntington's Disease Yes ☐ No ☐
- Motor Neurone Disease (MND) Yes ☐ No ☐
- Multiple Sclerosis (MS) Yes ☐ No ☐
- Parkinson's Disease Yes ☐ No ☐
- Muscular dystrophy Yes ☐ No ☐
- Polycystic Kidney Disease (PKD) Yes ☐ No ☐
- Haemochromatosis Yes ☐ No ☐
- Any other hereditary disease or disorder Yes ☐ No ☐

FURTHER
MEDICAL INFORMATION

CIRENCESTER FRIENDLY

CONDITION 1

Name of condition

Date of first symptoms and diagnosis (if different)

Current and past treatment or medication (including dosage and frequency)

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings

Describe your symptoms, their severity, (e.g., mild, moderate, severe) and frequency if ongoing

Have you been admitted to hospital with this condition? If Yes, please provide details and dates

Have you had any complications because/as a result of this condition? If Yes, please provide details

Does your condition limit your ability to work or carry out your normal daily activities? If Yes, please provide full details

Are you still under review and if so how frequently?

Have you had time off work because of this? If Yes, please provide details and dates

Have you made a full recovery? If Yes, please advise when you last had symptoms of this condition

CONDITION 2

Name of condition

Date of first symptoms and diagnosis (if different)

Current and past treatment or medication (including dosage and frequency)

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings

Describe your symptoms, their severity, (e.g., mild, moderate, severe) and frequency if ongoing

Have you been admitted to hospital with this condition? If Yes, please provide details and dates

Have you had any complications because/as a result of this condition? If Yes, please provide details

Does your condition limit your ability to work or carry out your normal daily activities? If Yes, please provide full details

Are you still under review and if so how frequently?

Have you had time off work because of this? If Yes, please provide details and dates

Have you made a full recovery? If Yes, please advise when you last had symptoms of this condition

CONDITION 3

Name of condition

Date of first symptoms and diagnosis (if different)

Current and past treatment or medication (including dosage and frequency)

Results and dates of investigations including, blood tests, ECG's, x-rays, scans, blood pressure & cholesterol readings

Describe your symptoms, their severity, (e.g., mild, moderate, severe) and frequency if ongoing

Have you been admitted to hospital with this condition? If Yes, please provide details and dates

Have you had any complications because/as a result of this condition? If Yes, please provide details

Does your condition limit your ability to work or carry out your normal daily activities? If Yes, please provide full details

Are you still under review and if so how frequently?

Have you had time off work because of this? If Yes, please provide details and dates

Have you made a full recovery? If Yes, please advise when you last had symptoms of this condition

ADDITIONAL NOTES

CIRENCESTER FRIENDLY

DIRECT Debit

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY BY DIRECT DEBIT

Please fill in the whole form using a ball point pen and send it to:

Cirencester Friendly Society Limited
Mutuality House
The Mallards
South Cerney
Cirencester
Glos.
GL7 5TQ

Name(s) of account holder(s)

Bank/Building Society account number

Branch sort code

Name and full postal address of your Bank or Building Society

To: The Manager — Bank/Building Society

Address

Postcode

Service user number

9	3	0	3	7	9

Reference

Instruction to your Bank or Building Society

Please pay (Cirencester 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 (Cirencester Friendly Society Limited) 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

This guarantee should be detached and retained by the payer.

THE DIRECT DEBIT GUARANTEE

DIRECT Debit

- 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 Cirencester Friendly Society Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Cirencester 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 Cirencester 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 Cirencester Friendly Society Limited 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.

V5 (OCT 2021)

CONTACT US

Financial Advisers:
Adviser Services Team: 0800 587 5098
adviserservices@cirencester-friendly.co.uk

Underwriting:
Underwriting Team: 0800 587 5098
underwriting@cirencester-friendly.co.uk

Members:
Member Services Team: 0800 587 5098
memberservices@cirencester-friendly.co.uk

Opening times:
Monday to Friday 8:45am – 5pm
Telephone hours: 9am - 5pm, Monday, Tuesday, Wednesday and Friday, 10am to 5pm Thursday (excluding Public Holidays).
Calls may be recorded and monitored.

Postal address:
Cirencester Friendly Society,
Mutuality House, The Mallards, South Cerney, Cirencester, Gloucestershire, GL7 5TQ

Website:
www.login.cirencester-friendly.co.uk

DATA CAPTURE FORM

www.cirencester-friendly.co.uk

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