GFTU
GENERAL FEDERATION OF TRADE UNIONS

Income Protection Plus

Group Application Form

Group Name:

Private & Confidential

IMPORTANT NOTE

It is important that you answer all the questions fully and honestly. All **Material Facts** must be disclosed since non-disclosure or misrepresentation may result in the rejection of a claim under this Plan and to your expulsion from the Insurer.

A **Material Fact** is one which is likely to influence the Insurer's assessment or acceptance of your application. If you are in any doubt as to whether a fact is **Material**, you should disclose it.

Information which is incorrect, misleading or missing could lead to the loss of all or part of the cover either when the Plan is taken out or when you make a claim.

Insured and
Administered by

pg mutual

1. Your Details

1.1 Personal Details

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Dr ☐

*If you have selected 'Dr', please confirm your gender: M ☐ F ☐

First name:

Surname:

Previous name: (if applicable)

Date of birth:

Home address:

Postcode:

1.2 Contact Details

Daytime:

Evening:

Mobile:

Email address:

1.3 What is your occupation?

1.4 In what industry does your occupation take place?

1.5 What is your salary (per annum)?

(Up to 70% of your gross salary per annum, can be covered.)

2. Cover

2.1 Claim Deferment Period

Days

2.2 Long-Term Benefit Option

2.3 Share to Unit Ratio

3. Your Health

3.1 Do you smoke?

Yes ☐ No ☐ (tick as appropriate)

If yes, how many per day?

Cigarettes Cigars

Did you smoke previously? Yes ☐ No ☐ (tick as appropriate)

If you have stopped smoking, give the month/year you stopped.

3.2 What is your height?

Feet Inches (or) Metres

3.3 What is your weight?

Stones Lbs (or) Kgs

If you answer yes to any of the following questions, please provide full details (use a separate sheet of paper if necessary).

4. Health History

Have you EVER had been diagnosed with, or been suspected of having any of the following:

4.1 Cardiovascular disorders (such as angina, heart attack, stroke, chest pain or irregular heartbeat, or high blood pressure requiring treatment)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.2 Disease or disorder of the kidneys (such as Polycystic Kidney Disease (PKD), glomerulonephritis)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.3 Cancers or tumours (benign or malignant)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.4 Respiratory problems (such as asthma or emphysema)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.5 Genetic or nervous disorders such as Multiple Sclerosis (diagnosed or suspected)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.6 Diabetes (diagnosed or suspected)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details including type, date of diagnosis, treatment and HbA1c recent reading)

4.7 Prostate, gynaecological disorders or breast problems (requiring advice or tests/investigations)?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.8 Have you ever experienced insomnia, stress or anxiety?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.9 Have you ever experienced depression or a mood disorder?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.10 Have you ever experienced any personality or eating disorder?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.11 Have you ever experienced any other mental illness or psychiatric condition?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

In the last 5 years have you had any:

4.12 Tests or investigations (such as outpatients' appointments or physiotherapy etc), or planned for the future?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.13 Musculoskeletal problems requiring treatment/tests/investigations?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

4.14 More than two consecutive weeks absent from work as a result of illness or injury?

Yes ☐ No ☐ (tick as appropriate. If yes, please provide full details)

5. Your GP's Details

Name:

Address:

Postcode:

Telephone:

If you have been registered for less than six months, please provide details of your previous GP.

Name:

Address:

Postcode:

Telephone:

6. Claims

6.1 Have you made any claim(s) in the LAST FIVE YEARS on any income protection, sickness and accident or mortgage-related protection policies, or are you aware of, or intend to make, a claim in the next six months on any such insurances?

Yes ☐ No ☐ (tick as appropriate, If yes, give details below in 'Further Information'.)

6.2 Other insurances

Have you ever had any insurance policy cancelled on the grounds of false, fraudulent or dishonest behaviour?

Yes ☐ No ☐ (tick as appropriate, If yes, give details below in 'Further Information'.)

6.3 Have you ever had any application for a health-related insurance policy declined?

Yes ☐ No ☐ (tick as appropriate, If yes, give details below in 'Further Information'.)

6.4 Do you hold any other health-related insurance policies?

Yes ☐ No ☐ (tick as appropriate, If yes, give details below in 'Further Information'.)

Please note: If you intend this policy to replace an existing income protection policy, we do not recommend cancelling your existing cover until your application has been accepted by the Insurer and your first subscription payment has been collected.

Further Information

Important notes

- Your Plan will not start until we have assessed and accepted your application, and the initial subscriptions (or part of the first month's subscriptions, if applicable) have been paid.
- You are under a legal duty to take reasonable care when making representations to an insurer. If you fail to take reasonable care when providing information to us your insurance policy could be canceled and any future claim refused.
- You must inform PG Mutual of any change in your medical condition or occupation between the date of the submission of this application and the date of acceptance by PG Mutual.
- You are entitled to ask for a copy of our Memorandum and Rules and Policy terms, and a copy of your Application Form.

Your data agreement

In order for PG Mutual to process and assess your application and, if admitted to membership, administer your membership and your policy, PG Mutual (the Data Controller) and its supporting third parties (Data Processors) will need to process the personal data you have provided, or may provide at PG Mutual's request in the future. Please see PG Mutual's Privacy Policy at https://www.pgmutual.co.uk/Privacy-Policy/ for further details, a copy of which can be provided to you at your request.

Please tick to confirm that you agree to PG Mutual using your personal data for this purpose ☐

If you would like to receive information from time to time about other products and services available from PG Mutual and its subsidiaries, please confirm how you would like to here from us:

Email ☐ Text ☐

Your agreement

☐ I agree to be bound by the Memorandum and Rules and Policy terms of PG Mutual.

☐ I confirm I have read and understood PG Mutual's Service and Costs Disclosure Document.

☐ I confirm I have read and understood the Key Information Document for Income Protection Plus and the Policy Terms.

☐ I consent to MorganAsh, PG Mutual's underwriting partner, contacting me with regards to my PG Mutual Income Protection Plan Application, if required by PG Mutual. View/download Your Guide to Tele-Interviews.

☐ I confirm that I have made my own decision to apply for Income Protection cover with PG Mutual. I have not asked for, nor received any financial advice from PG Mutual regarding the suitability of its Income Protection product to my circumstances, and that PG Mutual therefore takes no responsibility for the product's suitability to my circumstances.

Print Full Name: _____

Signature: _____

Date: _____

Please Note: You must complete the *Your data agreement* and *Your agreement* sections for your application to be considered.

Don’t let your friends, family or colleagues put their income at risk

Whether you’re an employer looking to retain and protect your staff, or you have friends and family who need to protect their income, pass on the peace of mind that comes with having Income Protection Plus and we will pass on some exclusive vouchers to you and them.

When you refer a friend, family or staff member to PG Mutual we will give you:

- £50 worth of high street shopping vouchers*
- Entry into a prize draw to win £750 worth of holiday vouchers*

When your friend, family or staff member signs up to PG Mutual, we will give them:

- £50 worth of high street shopping vouchers*
- 25% off their first year's cover*

Ask your friend, family or staff member to visit www.pgmutual.co.uk/Member-Referral to get an instant quote and enter code 'RaF'.

0800 146 307

enquiries@pgmutual.co.uk

www.pgmutual.co.uk

* For full Terms and Conditions, please visit www.pgmutual.co.uk.

Your rights under the access to Medical Reports Act 1988

(The Access to Personal Files and Medical Reports (NI) Order 1991)

It may be necessary for us to apply for a medical report/sight of your medical records from a doctor who has cared for you, but before we can do this we need your consent, by signing the declaration below. Under the Access to Medical Reports Act 1988 (The Access to Personal Files and Medical Reports (NI) Order 1991) you have certain rights relating to any report prepared by him and these are summarised below:

1 **You do not have to give your consent. However, if you do not, this may result in us being unable to process your application/claim.**

2 **Your doctor is required to retain a copy of the medical records/ medical report for at least 6 months. During this time you may ask your doctor to see a copy of this report.**

3 **If, before the medical records/report is sent to us you write to your doctor saying that you wish to see the records/ report, you then have 21 days in which to contact him to arrange access. We will notify you at the same time we write to your doctor to tell him you wish to see the medical records/ medical report.**

4 **If you wish to see the medical records/ report before it is sent to us, the doctor cannot submit it until he has your consent.**

5 **You may ask the doctor to amend any part of the medical records/report which you consider incorrect or misleading. If your doctor is not in agreement, you may append your comments to the report.**

6 **The doctor can withhold access to any part of the medical records/ report if he feels you or others would be harmed by seeing it. In such cases, he must notify you and you will be limited to seeing only the remaining part of the report. If the whole medical record/report is affected, he must not submit it unless you give your consent.**

Whether or not you complete the declaration below, upon request to your doctor you have the right to see a copy of the medical records/ report up to six months after it has been submitted. However if you are provided with a copy the doctor can charge a reasonable fee to cover his costs. You should be aware that if you indicate that you wish to have access to any copy of medical records/ medical report it may result in a delay of processing your application or claim.

I have read the notes above and am aware of my rights under the Access to Medical Reports Act 1988 (The Access to Personal Files and Medical Reports (NI) Order 1991) and that:

I *do not/*do wish to see a copy of the medical records/ report and or sight of my medical records that my medical practitioner may provide before it is submitted (*DELETE AS APPROPRIATE).

Declaration

I hereby consent to the request for a medical report and or sight of my medical records relating to me by PG Mutual and authorise the release to and use by of any information required by them in connection with this application OR as a result of the sickness or/and injury which is subject to a claim.

Signature: _____

Date: _____

Insured and Administered by PG Mutual

The General Federation of Trade Unions Educational Trust is an Introducer Appointed Representative of PG Mutual, which is the trading name of Pharmaceutical & General Provident Society Limited.

Contact: 01727 228566 Email: protectyourincome@gftu.org.uk

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