

# Family Protection Plan Application Form



**RAILWAY FRIENDLY SOCIETY**

The Family Protection Plan

[www.railwayfs.co.uk](http://www.railwayfs.co.uk)

Run by railway people for railway people

# Family Protection Application Form

## 1. Life to be Insured

Title:	Mr	<input type="checkbox"/>	Mrs	<input type="checkbox"/>	Miss	<input type="checkbox"/>	Ms	<input type="checkbox"/>	Other	<input type="checkbox"/>
Surname:	<input type="text"/>									
First Names:	<input type="text"/>									
Address:	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
	<input type="text"/>									
Daytime Telephone No:	<input type="text"/>									
Evening Telephone No:	<input type="text"/>									
Email:	<input type="text"/>									
Sex:	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>						
Date of Birth:	<input type="text"/>				Place of Birth:	<input type="text"/>				

## 2. Your Benefit Requirements - please select the plan you prefer

You should choose the level of cover that is best for you and your personal circumstances from either the Standard Plan or the Double Benefit Plan (please refer to the Key Facts for full details).

STANDARD PLAN

DOUBLE BENEFIT PLAN

## 3. Your Occupation - please provide your employment details

Occupation/Grade:	<input type="text"/>		
Depot/Station:	<input type="text"/>		
Railway Company:	<input type="text"/>		
Department and Payroll Number:	<input type="text"/>		
National Insurance Number:	<input type="text"/>		
Date of entry into railway service:	<input type="text"/>	<input type="text"/>	<input type="text"/>

## 4. Sports and Pastimes

a) Do you currently, or are you planning to take part in any of the following sports/pastimes?

Martial arts	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Horse Riding (including the use of your own horse or via a riding stable)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Potholing/Caving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Outdoor Rock Climbing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motorsports (other than motorcycling for pleasure on normal roads)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Flying/Aviation (other than as a fare paying passenger)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

b) Do you currently or are you planning to take part in any sport or pastime not mentioned in question 4a which could be considered hazardous? Note: Football and Rugby need not be included.

Yes  No

If Yes please describe below.

  

c) Do you currently participate in any sport in a semi-professional or professional capacity?

Yes  No

If Yes please describe below.

  

## 5. Absence from Work

a) Are you currently absent from work for any reason?

Yes  No

If Yes please give reason(s) for absence.

  

b) Have you had any time off work within the last two years due to illness or injury?

Yes  No

If Yes please give reasons for absence and amount of time off. You can ignore minor ailments such as colds/flu if together they total less than 10 days per year.

Amount of time off:

Reason:

## 6. Other Insurances

Has any insurer or underwriter of life, accident, or sickness insurance ever:

a) Declined your proposal? Yes  No

b) Offered or accepted you on special terms? Yes  No

c) Cancelled or refused to renew your policy? Yes  No

Are you currently insured against sickness or accident? Yes  No

Are you now, or are you proposing to be insured elsewhere for Income Protection or any other insurance providing benefit in respect of incapacity due to sickness and/or accident? Yes  No

(If you answered Yes to any of the questions above, please provide further details in the space provided; please state name of Company or Society and amount of insurance per annum/month/week, and whether this is to be continued).

Have you ever made any claims on income protection contracts currently or previously held? (If Yes, you should provide details with approximate dates and durations below). Yes  No

## 7. Your Health and Medical History

All answers will be treated in strict confidence.

If you answer Yes to ANY question, please use the boxes provided below to give full details.

Name and address of your Doctor (full details please):

Postcode:

How long have you been registered with this Doctor?

If less than 6 months, please give details of your previous Doctor. (Full details please):

Postcode:

## Medical History (continued)

Have you used any tobacco products, including chewing tobacco within the past 12 months? If Yes, please give details.

Yes

No

What is your average consumption of alcohol per week?

units per week

One unit = a half pint of beer, a single measure of spirits or a glass of wine.

Have you ever been advised to stop smoking or drinking on medical grounds?

Yes

No

Height:

ft/ins

Weight:

stone/lbs

OR

m/cms

OR

kgs

Has there been any recent change in your weight?

Yes

No

Have you, during the last 5 years, consulted any Doctor or any other medical practitioner such as a chiropractor or osteopath?

Yes

No

How many times have you consulted a Doctor in the last 12 months?

Do you intend to consult any Doctor or other medical practitioner in the foreseeable future?

Yes

No

Are you receiving any treatment either regular or occasional (e.g. tablets, medicine or injections?)

Yes

No

In the last 5 years have you had any of the following:

a) Medical investigations, scans, tests or have you been advised to have such investigations?

Yes

No

Details/Dates

b) Attendance at a hospital or private treatment/therapy as an inpatient or as an outpatient?

Yes

No

Details/Dates

## Medical History (continued)

In the last 5 years have you suffered from any of the following? If the answer is Yes, please give full details in the box at the end of this section. Include the date(s), treatment(s), and any period(s) off work and say whether there has been a complete recovery or a recurrence of the problem.

- a) Bronchitis, asthma, pneumonia, tuberculosis, or any other respiratory disorder? Yes  No
- b) Heart disease, cardiovascular disorder (such as heart attack, angina), rheumatic fever, raised blood pressure, stroke or any other circulatory disorder? Yes  No
- c) Any disorder of the digestive system, stomach, pancreas, gall bladder, bowels or liver? Yes  No
- d) Any disorder of the genito-urinary system, kidneys, bladder or prostate, including any urinary abnormalities? Yes  No
- e) Tumours, cancers, or growths, including leukaemia or Hodgkin's disease? Yes  No
- f) Anxiety state, depression or nervous disorder/disease? Yes  No
- g) Epilepsy, fainting fits, blackouts, paralysis, or any disorder of the central nervous system (for example, multiple sclerosis, Parkinson's disease or motor neurone disease)? Yes  No
- h) Diabetes or impaired glucose tolerance? Yes  No
- i) Any disorder of the spine, including slipped disc, lumbago, sciatica, recurrent or persistent backache, or other skeletal, joint or muscular problem? Yes  No
- j) ME, post-viral or chronic fatigue syndrome or general debility? Yes  No
- k) Disease of or injury to the ears or eyes, or any impairment of hearing or vision? Yes  No
- l) Psoriasis, eczema, dermatitis or any other skin disorder? Yes  No
- m) Have you tested positive for HIV/AIDS? Yes  No
- n) Have you tested positive Hepatitis B or C? Yes  No
- o) Have you been tested/treated for other sexually transmitted diseases, or are you awaiting the result of such a test? Yes  No
- p) Any disorder of the female reproductive system? Yes  No
- q) Have either of your parents or any brothers or sisters died from or suffered from heart disease, stroke, cancer, diabetes or a nervous disorder? Yes  No



## Important Information - please read carefully

### Disclosure

- This form is an application for life assurance to the Railway Friendly Society. Its purpose is to obtain all the facts necessary to assess your application fully. A copy of the standard terms and conditions of the plan and the completed application form will be sent to you on request.
- You must answer all questions honestly and completely. Therefore if you are in any doubt whether to disclose a fact you should give full details on the form.
- Failure to disclose all the facts could mean that the Society will refuse to pay a claim on your policy and you could also lose the payments you have made.
- If there is any change to your circumstances between completing the form and the start date of the policy, you must advise the Railway Friendly Society immediately.
- This application form will form the basis of the contract with the Society.

### Genetic Testing

You do not need to give information about any genetic test result you have had if this application together with any other insurance policies you have are within the following limits:

- £500,000 or less for life assurance.
- £300,000 or less for critical illness, income protection or long-term care insurance.

Above these limits you may need to give information about certain test results when applying for insurance. Only genetic test results which have been approved by the Government's Genetics and Insurance Committee will be used.

You must however give information if you have symptoms or a family history of a genetic condition. It may be to your benefit to disclose if you have had a negative genetic test for such a condition.

### Data Protection Notice

The information provided in the application may be passed to a third party who has been appointed by the Society to carry out an initial risk assessment of the application and to collect any medical reports or information required.

- A copy of the application form and any supporting information, including medical reports, may be given to a reinsurance company if the risk is shared with the reinsurance company. We may write to your GP if in our opinion a condition is noted at any medical examination, of which your GP may not be aware.
- Any medical information which is provided in connection with your application will be used only for underwriting and claims purposes. This information is defined as "sensitive" by the Data Protection Act 1998 and your consent is required before any third party or agent of the Society can hold, use or retain it. We regret that without your consent we will be unable to process your application.
- If you would like to request a copy of the information held about you, please write to the Railway Friendly Society. A fee may be charged for providing information.
- The information you have supplied will be kept confidential and will not be disclosed to any other party without your consent, unless it is lawful to do so.

## Important Information - please read carefully

### Access to Medical Reports Act

To consider your application we may have to obtain a medical report from a Doctor who has cared for you. The Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 give you certain legal rights over these reports. Briefly your rights are as follows:

1. Before we can apply for a medical report from a Doctor who has cared for you, we need your agreement. You can refuse but in this case we will not be able to make any offer of cover to you.
2. You can ask to see a report before your Doctor sends it to our Chief Medical Officer or you can ask your Doctor for a copy of the report up to six months after it has been sent to us.
3. If you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your Doctor will not agree to this, you may attach a statement of your own.

Your Doctor does not have to let you see the report if he or she believes it is not in the interests of your health, or if the interests of other people have to be considered. Once you have seen the report your Doctor cannot return it to us unless you agree.

If we need a report and you have said you want to see it before it is returned to us, we will write to let you know.

You will then have 21 days to contact the Doctor to arrange to see the report. After this period the Doctor will be free to return the report.

## Declaration and Consent

- I declare that to the best of my knowledge and belief the answers I have given (whether in my handwriting or not) are true and complete. I confirm I have read and understand the Disclosure Notes in this form.
- I am aware of my legal rights under the Access to Medical Reports Act 1988/Access to Personal Files and Medical Reports (Northern Ireland) Order (as amended). I agree that the Railway Friendly Society may ask for medical information from any Doctor who at any time has attended me about anything that affects my physical or mental health or ask for information, including medical reports, from any insurance office to which a proposal has been made on my life and I authorize the giving of such information.
- I agree that this consent allows the insurer to obtain a medical report at any time during the lifetime of the plan and after my death to support any claim on the plan.
- I have read and understood the Data Protection Notice. I agree that my personal information (including sensitive data) may be used for the purposes described.
- I agree that a copy of this application can be treated as the original for all purposes.
- I understand that if I have failed to give correct answers to any questions in this application then the policy may be cancelled.
- I agree and consent that the Railway Friendly Society will investigate and verify any claim I may make or any claim made on my behalf under this policy.

I do not\* wish to see the report on me before it is sent to the Railway Friendly Society.

\*Only delete the word "not" if you wish to see the report.

Signature

Date





## **RAILWAY FRIENDLY SOCIETY**

Registered Office Address:

Railway Friendly Society, Macmillan House, Paddington Station, London W2 1FT

Authorised and Regulated by the Financial Services Authority.

Registered under the Friendly Societies Act 1974. Registered No.393F.

Member of the Association of Friendly Societies.

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