

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

# Income Protection Plus Cover Variation Application Form

## 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 Society.

A **Material Fact** is one which is likely to influence the Society'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.

### Terms and Definitions

'You', 'Your' - the applicant named upon this form

'PG Mutual', 'We', 'Us', 'Our', 'the Society' -

Pharmaceutical & General Provident Society Ltd



mutual  
Income Protection Plus

Please answer all the questions clearly and tick where appropriate.

# 1. Your Details

## 1.1 Personal Details

Mr  Mrs  Mr  Ms  Dr

PG Mutual Membership Number:

First name: \_\_\_\_\_

Surname: \_\_\_\_\_

Previous name: (if applicable) \_\_\_\_\_

Date of birth: \_\_\_\_\_

Home address: \_\_\_\_\_

Postcode: \_\_\_\_\_

## 1.2 Contact Details

Daytime: \_\_\_\_\_

Evening: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email address: \_\_\_\_\_

# 2. Your Occupation

2.1a What is your main occupation? Please state your job title:

\_\_\_\_\_

2.1b In what industry does your occupation take place?

\_\_\_\_\_

2.2 Are you: (please tick all that apply)

Employed  Owner/director  Self-employed  Locum

2.3 Please state the essential duties of your main occupation:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.4 How is your main occupation split in % terms:

Manual: \_\_\_\_\_ Administrative: \_\_\_\_\_ Supervisory: \_\_\_\_\_

Other: \_\_\_\_\_

2.5 How many days a week do you work?

\_\_\_\_\_

2.6 How many hours a week do you work?

\_\_\_\_\_

2.7 Has there been a change in your working pattern in the past 12 months?

Yes  No  (tick as appropriate, if yes, please provide details:)

\_\_\_\_\_  
\_\_\_\_\_

2.8 Have you more than one occupation?

Yes  No  If yes, please note your secondary job title and details of the work involved:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2.9 How is your secondary occupation split in % terms:

Manual: \_\_\_\_\_ Administrative: \_\_\_\_\_ Supervisory: \_\_\_\_\_

Other: \_\_\_\_\_

2.10 How many days a week do you work?

\_\_\_\_\_

2.11 How many hours a week do you work?

\_\_\_\_\_

2.12 Has there been a change in your working pattern in the past 12 months?

Yes  No  If yes, please provide details:

\_\_\_\_\_  
\_\_\_\_\_

2.13 Is your working pattern likely to change in the near future?

Yes  No  (tick as appropriate)



### 3. Your Income

**3.1 If an employee, what are your gross earnings for PAYE tax purposes in the last full tax year**

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**3.2 If all, or part, of your gross earnings are related to self-employed activities, please note your share of pre-tax profits in the last full tax year.**

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**3.3 Have your earnings varied significantly since the last full tax year?**

Yes  No  (tick as appropriate)

If yes, please state how they have varied.

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**3.4 In the event of making a claim, please confirm that you will be able to provide evidence that supports the earnings you have told us about in Section 3.**

Yes  No  (tick as appropriate)

If you select no, please be aware that the benefits we pay you in the event of a claim may be restricted.

**3.5 Would you receive any sick pay, over and above Statutory Sick Pay (SSP), if you were absent from work?**

Yes  No  (tick as appropriate)

**3.6 If yes, for how long would you receive sick pay from your employer?**

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**3.7 FOR OWNERS OR DIRECTORS ONLY. Will you be using your income protection with PG Mutual to cover the cost of a locum in YOUR absence?**

Yes  No  (tick as appropriate)

If yes, please state how much your daily NET locum fees are on average.

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**Important:** In the event of a claim, we may need to see original documentary evidence of your earnings in the 12-month period immediately before you became unable to work through your incapacity:

- If you are employed, we may require printed payslips, P60 and, if applicable, your P11D
- If you are self-employed or in partnership, we may require your most recent business accounts and latest agreed HM Revenue & Customs Tax Assessment
- If you are employed as a shareholder director within a private limited company, we may require proof of income plus other benefits you receive
- It is important to select the deferral option that is appropriate to your circumstances.

**Important Note: Please read our Key Features Document before completing this section.**

### 4. Cover Required

**4.1 Weekly level of cover required £**

**Please note:** This cannot exceed the income you would lose by being incapacitated. We cover up to 60% of your gross earnings or £1200 a week, whichever is lower.

**4.2 Deferment period:**

Nil ('day one')  7 days  14 days   
 1 month  3 months  6 months   
 12 months

**4.3 Benefit option:**

Premium  Standard

**Please complete the following as fully and honestly as possible. Failure to do so may result in any future claims not being paid.**

### 5. Your Health

If you answer 'yes' to any of the following questions, please give further details. Please also include details of any other circumstances which might increase the risk of sickness, disability or accident or might be regarded as **'Material Facts'** to your application. Please use Further Information or a separate piece of paper to write your replies if necessary.

**5.1 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: \_\_\_\_\_



Have you seen a doctor in the last two years?

Yes  No  (tick as appropriate)

If yes, please give details (consultations without treatment, e.g. for advice, must be included).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you seen any other medical practitioner such as a chiropractor or osteopath in the last two years?

Yes  No  (tick as appropriate)

If yes, please give details (consultations without treatment, e.g. for advice, must be included).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you intend to consult any doctor or other medical practitioner in the near future?

Yes  No  (tick as appropriate)

If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

In the **last three years**, have you undergone any specialist investigation and/or treatment or been recommended to have any operation, X-ray and/or other investigation or treatment, including routine tests?

Yes  No  (tick as appropriate)

If yes, please give details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been diagnosed as having (or been suspected of having) any of the following?**

Joint problems, muscular, rheumatic or arthritic problems such as arthritis, rheumatism or gout? Yes  No

Backache, slipped disc, lumbago or sciatica or any other disorder of the spine? Yes  No

Diabetes or any abnormality in your urine, e.g. the presence of sugar, albumin or blood? Yes  No

Asthma, bronchitis or any other respiratory disorder? Yes  No

Digestive or bowel disorders? Yes  No

Multiple Sclerosis or any disorder of the central nervous system or genetic disorder? Yes  No

Glandular problem or blood disorder? Yes  No

Any tumour, cyst or lump? Yes  No

High blood pressure, heart disease, circulatory disorder, rheumatic fever, chest pain or other cardiovascular disorder? Yes  No

Kidney, liver or bladder disorder? Yes  No

Any form of eye or ear disease or any impairment of vision or hearing? Yes  No

Any skin disorder, including allergies? Yes  No

Any symptoms of gynaecological, menstrual or breast disorder? Yes  No

Any symptoms of prostate disorder? Yes  No

Varicose veins or surgery to veins? Yes  No

Migraine attacks (common or classic)? Yes  No

Any other serious illness not listed above? Yes  No

Have you ever experienced a mental health condition or symptoms including but not limited to stress, anxiety or depression or any functional somatic disorder such as chronic fatigue? Yes  No

If you have answered 'yes' to any of the questions above, please give further details.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Are you taking any prescribed drugs, pills or tablets or are you currently receiving any other form of medical treatment?

Yes  No  (tick as appropriate)

If yes, please give details.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

In the last five years, have you been medically advised to receive treatment for any condition for a period exceeding three weeks?

Yes  No  (tick as appropriate)

If yes, please give details.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

In the last three years, have you been absent from work for a consecutive period of more than five working days due to sickness, accident or disability?

Yes  No  (tick as appropriate)

If yes, please give details.

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

5.2 Do you smoke?

Yes  No  (tick as appropriate)

If you were a smoker but have now stopped, please give the month/year when you stopped.

\_\_\_\_\_ / \_\_\_\_\_

5.3 What is your height?

Feet: \_\_\_\_\_ Inches: \_\_\_\_\_ (or) Metres: \_\_\_\_\_

5.4 What is your weight?

Stones: \_\_\_\_\_ Lbs: \_\_\_\_\_ (or) Kgs: \_\_\_\_\_

5.5 Do you take part in, or are considering taking up, hazardous sports?

Yes  No  (tick as appropriate, if yes, please provide details:)

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
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\_\_\_\_\_





## IMPORTANT INFORMATION FOR APPLICANTS WHICH SHOULD BE READ CAREFULLY

### ACCESS TO MEDICAL REPORTS ACT 1988

#### YOUR RIGHTS UNDER THE ACCESS TO MEDICAL REPORTS ACT 1988

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

Summary of the main points contained in the Act.

Before we can apply for a medical report/sight of your medical records from your doctor, there are a number of rights under this Act of which you should be aware – these are set out below (full details of your rights under the Act can be made available upon request).

- 1) You may withhold your consent.
- 2) You have the right to see the report before it is sent to us provided you apply to your doctor within 21 days.
- 3) Your doctor is required to retain a copy of his/her medical report for at least six months. During this time, you may ask your doctor to see a copy of this report.
- 4) You may ask your doctor to amend any part of the report which you consider incorrect or misleading. If he/she is not in agreement, you may attach your comments to the report.
- 5) Your doctor can withhold access to any part of the report if he/she feels you or others would be harmed by seeing it. In such cases, he/she must notify you and you will be limited to seeing only the remaining part of the report. If the whole report is affected, he/she must not submit it unless you give your consent.

#### IMPORTANT NOTES

- We recommend that you retain a copy of this Application Form for your records.
- Your Plan will not change 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.
- PG Mutual has a confidentiality policy in place which means that your medical information is held securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our Memorandum and Rules and a copy of your Application Form.

## Check List

Please check that you have completed the following:

- Full details of income
- Signed and dated the Application Form
- Signed and dated the Direct Debit Mandate (If applicable.)

## Declaration

- I, the undersigned, have read the explanation of my rights under the Access to Medical Reports Act 1988 (The Access to Personal Files and Medical Reports (NI) Order 1991) and consent to PG Mutual seeking information in connection with this application or in relation to any future claims arising from my Membership of the Society from any doctor who has at any time attended me concerning anything which affects my physical or mental health and I authorise the giving of such information.

If you wish to see your medical report(s) before they are sent to PG Mutual, please tick the box.

- I wish to enter into a contract for the cover stated on this application. I understand and agree that the Society may wish to reduce the level of cover applied for and may do so at their sole discretion.
- I confirm and consent to the fact that my personal details are held on computer and consent to the use of personal details by the Data Controllers and relevant third parties for the purpose of this application.
- The Data Controllers referred to above are PG Mutual, who may from time to time send information (by post, telephone, email, fax or other means) about products or services that may be of interest.

If you do not wish to receive information about products and services from third parties, please tick the box.

- I understand that I must inform PG Mutual of any change in my medical condition or occupation between the date of signing this application and the date of acceptance by PG Mutual.
- PG Mutual may also contact any insurance office to which a proposal has been made for insurance or to which a claim has been submitted by me and I authorise the exchange of such information.
- I consent to MorganAsh, PG Mutual's underwriting partner, contacting me with regards to my PG Mutual Income Protection Plan Application. For further details on this procedure, please see 'Your Guide to Tele-Interviews'.
- I confirm that I have read the 'Keyfacts' and 'Key Features' documents and have received an illustration for my requested cover.

If you would like to receive a copy of the Policy Document, please contact us on **01727 840095**.

Print full name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date:            /            /            \_\_\_\_\_

# Instruction to your bank or building society to pay by Direct Debit



**1 Name and full postal address of your bank or building society**

To the Manager  
Bank or building society:

Address:

Postcode:

**2 Name(s) of account holder(s)**

**3 Branch sort code**

(from the top right-hand corner of your cheque)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**4 Bank or building society account number**

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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**5 PG Mutual Member Number (For office use only)**

**6 Instruction to your bank or building society**

Please pay PG Mutual Direct Debits from the account detailed on this Instruction, subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with PG Mutual 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.

Tel: **01727 840095** Fax: **01727 832710** Email: [info@pgmutual.co.uk](mailto:info@pgmutual.co.uk)

PG Mutual is the trading name of Pharmaceutical & General Provident Society Ltd.  
Registered office: 11 Parkway, Porters Wood, St Albans, Hertfordshire AL3 6PA  
Incorporated in the United Kingdom under the Friendly Societies Act 1992, Registered Number 462F.  
Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority,  
Firm Reference Number 110023. January 2016 INCOME PROTECTION PLUS - COVER VARIATION APPLICATION FORM



**Please detach and keep this Guarantee before sending the Instruction to PG Mutual.**

## The Direct Debit Guarantee



- 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, PG Mutual will notify you 7 working days in advance of your account being debited or as otherwise agreed.
- If you request PG Mutual 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 PG Mutual 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 PG Mutual 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.