

Addendum to Application Form

to Include My Extra Benefits with My Income Protection Contract

PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS.

We are always looking to improve the range of benefits and service we provide and are pleased to introduce **My Extra Benefits**.

Fracture & Hospitalisation Benefit

- **Fracture Benefit** – pays £1,000 if you suffer a fracture to one of the following bones; skull, eye socket, cheekbone, jaw, collar bone, shoulder blade, breast bone, upper arm, ribs, vertebra, forearm, hip, wrist, hand, upper leg, knee, lower leg, ankle and foot. This is subject to a maximum of one claim per accident / incident, within any 12 month period. Fracture Benefit is only payable on comminuted, complicated, compound, depressed and simple fracture types.
- **Hospitalisation Benefit** – pays £50 per night following three consecutive nights in a UK hospital as a result of illness or injury. Payment is backdated to the first night's stay. This is limited to a total of 21 nights in any 12 month period.

The combination of Fracture & Hospitalisation Benefit is available for just £4 per month.

Working Life Death Benefit

In the event of your death prior to your 70th birthday a lump sum of £5,000 will be paid.

The cost for this benefit is £5 per month.

The cost for both Fracture & Hospitalisation Benefit and Working Life Death Benefit is £9 per month.

To find out more about My Extra Benefits please visit
www.cirencester-friendly.co.uk/Members-zone

Please complete overleaf >>>

YOUR DETAILS

1. Mr Mrs Ms Miss Other If 'other' please specify

First name(s)

Surname

2. Date of birth / /

3. Which benefits are you applying for?

Fracture & Hospitalisation Benefit and/or Working Life Death Benefit

4. If you have selected the Working Life Death Benefit option, please answer the below.

I (FULL NAME)

hereby nominate

Of the address

to receive the benefit payable at my death, under the rules of the Society.

DECLARATION

I hereby declare that to the best of my knowledge and belief the answers to the questions are true and correct and I have read the My Extra Benefits Key Facts Document. I confirm this addendum is to be processed in conjunction with my Income Assured Plus/My Earnings Insurance (delete as appropriate) application form.

Signature

Date

 / /

Print Full Name

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