

MY EXTRA BENEFITS APPLICATION FORM FOR EXISTING MEMBERS



YOUR DETAILS

We'll use this information to update you on the status of your application or for other service related matters.

1. Please insert your Membership Number

2. Mr Mrs Ms Miss Other *If 'other' please specify*

First name(s)

Surname

3. Date of birth

4. Address

 Postcode

5. Telephone No. (Home) (Mobile)

6. Email address

PLEASE ANSWER THE FOLLOWING QUESTIONS

7. Which benefit(s) are you applying for? Fracture & Hospitalisation Benefit and/or Immediate Death Benefit
8. Are you expecting any tests, investigations, results and/or treatment or have you had any of these in the last five years? Yes No
9. Have you in the past two years been prescribed any medication/treatment from your GP, alternative therapists, counsellors, chiropractor, osteopath, physiotherapist, psychiatrist, psychologist, acupuncturist or herbalist? Yes No
10. If you've selected Fracture & Hospitalisation Benefit, please answer the following.
Have you sustained any fractures within the last five years? (You don't need to tell us about any nose, finger or toe fractures) Yes No

If you've answered 'Yes' to any of the above questions, please provide additional details below.

11. Are you currently in good health and working your usual contractual hours? Yes No

If you've answered 'No' to the above question, please provide additional details below.

12. If you've selected the Immediate Death Benefit option, you may wish to complete the below. Otherwise, we'd pay the deceased estate.

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've read the My Extra Benefits Key Facts Document.

Signature

Date

Print Full Name

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