

MY EARNINGS INSURANCE APPLICATION FOR CAREER BREAK

YOUR DETAILS

We will 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. Address

Postcode

4. Telephone No. (Home)

(Mobile)

5. Email address

6. Date of birth

7. On what date would you like to commence your career break?

8. Please state the date on which your cover is to be restored?

IMPORTANT INFORMATION

- I understand that for any period of Career Break, the suspension shall be limited to a maximum period of 12 months.
- I understand no benefits will be payable, nor will they accrue, to the Member during the period for which cover has been suspended.

DECLARATION

I hereby apply to amend the terms of my Membership of the Society in accordance with this application to start my Career Break and understand that, if approved, the changes contained in this application form shall amend, where appropriate, the contract between me and the Society. I agree to abide by the Society's Rules, present and future.

Signature

Date

Print Full Name

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