

CHANGE IN EMPLOYMENT CIRCUMSTANCES



Name

Membership Number

IMPORTANT INFORMATION: PLEASE READ BEFORE COMPLETING THIS FORM.

This form is to be used if the circumstances of your employment are changing (change in job, employer, salary, hours etc.). If you have any queries please contact our **Member Services Team** on **0800 587 5098**.

This questionnaire may highlight changes in your circumstances which could affect your contract with the Society. Please take care to include any material facts in this questionnaire. A material fact is a piece of information, circumstance or fact that would be important to a decision or outcome such as payment of a claim. If you do not tell us about a material fact this could lead to any monies paid to the Society together with any claims made being forfeited. If you are in any doubt as to whether a fact is material you should tell us about it.

Please return the completed form to our Member Services Team by email at memberservices@cirencester-friendly.co.uk, or by posting to Cirencester Friendly, Mutuality House, The Mallards, South Cerney, Gloucestershire, GL7 5TQ.

NEW EMPLOYMENT DETAILS

1. Employment and duties *(please tell us about your new employment circumstances)*

a) Job Title

b) Duties *(please list)*

2. Date these changes came into effect

3. Does your new employment involve work outside of the UK? Yes No

If 'yes' please provide details of where, duration and frequency

4. How many days a week will you work in your new employment? days

5. Please state your new annual work earnings

Employed *(gross salary)* £

Self-employed *(your pre-tax earnings if known)* £

Self-employed *(your anticipated* pre tax earnings, if actual earnings not yet known)* £

*Please note that any claim benefit payable will be based on actual earnings, not anticipated earnings

Partnership *(your pre-tax earnings)* £

If 'partnership' your percentage share of this profit %

Employed as a Director within a private limited company with no more than 3 other shareholder directors *(gross salary)* £

If applicable, dividend payments received from the company's normal regular business / normal trading activities in the last 12 months £

6. Are you entitled to any earnings from work if you are off work due to illness or accident? Yes No

If 'yes' please confirm how much you would receive and for how long

If you have more than one occupation, please complete the question set again. For more than two occupations, please provide the information required on a separate document or in the email/letter to our Member Services Team.

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Partnership (*your pre-tax earnings*) £

If 'partnership' your percentage share of this profit %

Employed as a Director within a private limited company with no more than 3 other shareholder directors (*gross salary*) £

If applicable, dividend payments received from the company's normal regular business / normal trading activities in the last 12 months £

6. Are you entitled to any earnings from work if you are off work due to illness or accident? Yes No

If 'yes' please confirm how much you would receive and for how long

7. Please provide a split of time spent working for each occupation

Occupation 1 %

Occupation 2 %

Signature

Date

Print Name

Cirencester Friendly Society Limited, Mutuality House, The Mallards,
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