

My Extra Benefits

Application Form for Existing Members



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

Fracture & Hospitalisation Benefit

- **Fracture Benefit** – pays £1,500 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 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 £6 per month.

Immediate Death Benefit

In the event of your death prior to your 70th birthday a lump sum of £7,500 will be paid.

The cost for this benefit is £5 per month.

The cost for both Fracture & Hospitalisation Benefit and Immediate Death Benefit is £11 per month.

IMPORTANT NOTE

Please read the below before applying.

Under normal circumstances you are unable to apply for My Extra Benefits if you are currently in claim, have claimed in the last 12 months or if you are in arrears with your premiums. However, consideration can be given on a case by case basis, especially if your claim was of a short term, minor nature. Please contact our Member Services team on **0800 587 5098** if you would like to discuss your individual circumstances.

To find out more about My Extra Benefits please visit www.cirencester-friendly.co.uk/Members-zone where you can find a copy of the Key Facts Document.

Please complete and return the form overleaf to apply >>>

Send your completed application form to **Cirencester Friendly Society Limited, Mutuality House, The Mallards, South Cerney, Cirencester, Glos. GL7 5TQ** or scan and email your application form to **meb@cirencester-friendly.co.uk**

My Extra Benefits

Application Form for Existing Members



PLEASE COMPLETE IN BLACK INK USING BLOCK CAPITALS, ANSWER ALL QUESTIONS AND WHERE APPLICABLE TICK YOUR CHOICE

For office use only	Ref _____
---------------------	-----------

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. Date of birth / /

4. Address

Postcode

5. Telephone No. (Home) (Work)
(Mobile)

6. Email address

7. From time to time the Society would like to contact you regarding products or services we offer. Your details will not be shared with any third parties. Please keep me informed Please do not send me any information

PLEASE ANSWER THE FOLLOWING QUESTIONS

8. Which benefits are you applying for? Fracture & Hospitalisation Benefit and/or Immediate Death Benefit

9. Are you expecting any tests, investigations, results and / or treatment or have you had any of these in the last 5 years? Yes No

10. Have you in the past 2 years been prescribed any medication / treatment from your G.P., alternative therapists, counsellors, chiropractor, osteopath, physiotherapist, psychiatrist, psychologist, acupuncturist or herbalist? Yes No

11. If you have selected Fracture & Hospitalisation Benefit, please answer the following. Have you sustained any fractures within the last 5 years? (you do not need to tell us about any nose, finger or toe fractures) Yes No

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

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

If you have answered 'NO' to the above question please provide additional details below.

13. If you have selected the Immediate Death Benefit option, you may wish to complete the below. Otherwise we would 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 have read the My Extra Benefits Key Facts Document.

Signature

Date / /

Print Full Name