



Bus Employees Friendly Society

Registered under the Friendly Societies Act 1974. Registration No. 1132F Authorised and Regulated by the Financial Conduct Authority

Suite2, Alma House, Alma Road, Reigate, Surrey RH2 OAX Tel: 01737 226060

APPLICATION FOR A LIFE COVER PLAN

Please use CAPITAL letters. Complete sections 1, 2, 3 and 4.

1. Application

Title: Mr Mrs Ms Miss * Home Address: _____
 Surname: _____
 First Name(s): _____ Postcode: _____
 Date of Birth _____ Membership number (if known): _____

I hereby apply for a Life Cover Plan, with cover ceasing at age 68, in accordance with the rules of the Society from time to time in force, and I hereby declare that the foregoing particulars are to the best of my knowledge correct.

Signature: _____ Date: _____ *Delete as necessary

2. Medical Questions – if you answer 'Yes' to any questions, please give details on a separate sheet

Are you suffering from an illness or disability, or have you received any medical treatment, including prescribed drugs from a General Practitioner, during the last 12 months (minor illnesses such as colds may be ignored)?	YES/NO*
Have you suffered any serious illnesses, undergone any operation, or been an in-patient in a hospital during the past five years?	YES/NO*
Has any proposal on your life been declined, postponed or accepted on special terms by any life insurance company or friendly society?	YES/NO*

3. Nomination for Death Benefit

I, (member's name in full) _____
 hereby nominate (name in full) _____
 of (address) _____

_____ Postcode _____
 to receive all monies due by way of Death Benefit from the Bus Employees' Friendly Society.

Signature: _____ Date: _____

When the nomination is in favour of a child, payment cannot be made until the nominee attains the age of sixteen years. A new nomination is required should your circumstances change through e.g. marriage, death or divorce.

4. Payroll Deduction Mandate

Surname: _____ Location: _____

Initials: _____ Payroll No: _____ National Insurance Number: _____

If my application is accepted I hereby authorise my employer or his agent to deduct from my pay, until further notice, with effect from the date of entry into the Society, the contributions payable by me as provided in the rules and regulations of the Bus Employees' Friendly Society, and to pay the amount so deducted to that Society, the current weekly rates of contribution being those shown above on this mandate.

Signature: _____ Date: _____

FOR OFFICE USE ONLY		
	Life Cover Plan	Date of entry to Life Cover Plan
Per week		
Per calendar month		
Form last updated January 2013		