



Schoolteachers Friendly Society

(Authorised and regulated by the Financial Services Authority)

Application for Increase of Monthly Contribution (Page 1 of 2)

| | | |
|----------|---------------|----------------|
| 1 | Surname | Title |
| | First Name(s) | |
| | Address | |
| | | PostCode |
| | Date of Birth | Membership No. |

| | |
|----------|-------------|
| 2 | Occupation: |
|----------|-------------|

| | |
|----------|---|
| 3 | Please indicate the new daily benefit for which you want to contribute £ <i>(insert any even amount from (£6 to £70))</i> |
|----------|---|

| | | | |
|----------|--|------------------------------|-----------------------------|
| 4 | Has an application for medical insurance elsewhere been refused or deferred? <i>(Please tick appropriate box)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|--|------------------------------|-----------------------------|

| | | | |
|----------|--|------------------------------|-----------------------------|
| 5 | Do you take part in any hazardous occupations or leisure activities such as diving, climbing, motor sports, or flying other than as a fare paying passenger? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Do you have any prospect or intention of working or living abroad? If 'Yes' please give details: | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| | |
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| 6 | What is your average consumption of alcohol and tobacco? Alcohol: Units per week (one unit = half pint beer/single short/one glass wine) Tobacco: cigarettes per day |
|----------|--|

| | |
|----------|---|
| 7 | Please state your height and weight (clothed without shoes) Height: ft. ins. <i>or</i> cms Weight: st. lbs. <i>or</i> kg. |
|----------|---|

| | | | |
|----------|--|------------------------------|-----------------------------|
| 8 | Are you at present: Suffering from any disease, disorder or disability? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| | Receiving any treatment either regular or occasional (e.g. tablets or medicine)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

| | | | |
|----------|---|------------------------------|-----------------------------|
| 9 | Have you ever tested positive to HIV/AIDS or Hepatitis B or C, or have you ever been tested/treated for sexually transmitted diseases or are you awaiting the results of such a test? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
|----------|---|------------------------------|-----------------------------|

Now complete and sign Page 2

S.F.S. Application for Increase of Monthly Contribution (Page 2 of 2)

During the past five years, have you:

| | | | |
|-----------|--|------------|-----------|
| 10 | Received any medical advice or treatment? | YES | NO |
| 11 | Had any nervous breakdowns, neurosis or any form of nervous or mental trouble or consulted a psychiatrist? | YES | NO |
| | Consulted a doctor for general debility arising from overwork or any other cause? | YES | NO |
| 12 | Had lung cancer, recurrent bronchitis or asthma? | YES | NO |
| | Had heart disease or high blood pressure? | YES | NO |
| | Had colitis, liver or bowel disease or recurrent indigestion? | YES | NO |
| | Had blackouts, fits, paralysis or epilepsy? | YES | NO |
| | Had disease of the ears or eyes or any impairment of hearing or vision? | YES | NO |
| | Had diabetes, kidney, bladder, prostate or gynaecological problems? | YES | NO |
| | Had gout, arthritis, or rheumatism of any kind? | YES | NO |
| | Had lumbago, sciatica, 'prolapsed disc' or recurrent backache? | YES | NO |
| | Had skin disease? | YES | NO |
| | Had any other illness or injury or condition requiring hospital treatment or investigation? | YES | NO |

If you have answered 'YES' to any of the questions 8 to 12 inclusive, please give details below. Continue on a separate sheet if necessary.

DECLARATION

I declare that all the above statements are true and complete and that they shall be the basis of the contract between me and Schoolteachers Friendly Society. I further agree that if I have knowingly made an incorrect statement in this my application to increase my contributions, the rules of the Society will be strictly applied and entitlement to all benefits will cease. I undertake to advise the Society immediately in writing if there is any change in my occupation, employment or pursuits.

Signature..... Date.....

Data Protection Act 1998: By returning this form to Schoolteachers Friendly Society, you consent to our processing sensitive personal data about you where this is necessary for the purpose of underwriting and processing your application. This information will also be used for the administration of your membership and in conjunction with any future requests to increase your rate of contribution or claim benefit. This information may be disclosed to our advisers and reinsurers for the purpose of underwriting, processing and claims handling. Information other than medical and claims records may be used for marketing purposes and our representatives may contact you by mail and/or telephone with marketing material which we feel may be of interest to you. If you do not want to be contacted by Schoolteachers Friendly Society with their marketing literature please tick this box . You have the right to ask for a copy of the information we hold about you (for which we may charge a small fee) and to correct any inaccuracies in your information.

**When fully completed and signed, the 2 pages of the Application should be sent to:
Schoolteachers Friendly Society, FREEPOST, 30 Mather Avenue, Liverpool L18 1BR**