

# My Earnings Insurance

## Application for Temporary Suspension Cover

### 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. Please could you confirm which you would like to apply for:  
Occupational Absence – Planned (Max 12 months)  *Please state the reason (must be maternity, paternity or adoption leave)*
- OR** Occupational Absence – Enforced (Max 4 months)   
*Please state the reason (must be where the member cannot lawfully carry out the occupation e.g. prison, Government lockdown)*
8. On what date would you like to commence your temporary suspension cover?  /  /
9. If applicable, while on a career break, would you like to continue your additional premium for My Extra Benefits\*?  
Yes  No  N/A
10. Please state the date on which your cover is to be restored?  
*(Please note no requests to shorten or extend the period of suspension of cover will be granted)*  /  /

\* Please note, you may continue with My Extra Benefits: Fracture & Hospitalisation Benefits and Immediate Death Benefit, if you are not working or the contract is on a career break, as long as your premiums for My Extra Benefits remain up to date.

### IMPORTANT INFORMATION

- I understand that for any period of Occupational Absence (Planned), the suspension shall be limited to a maximum period of 12 months and for any period of Occupational Absence (Enforced), the suspension shall be limited to a maximum period of 4 months.
- I understand no benefits will be payable, nor will they accrue, to the Member during the period for which cover has been suspended.
- I understand I must pay a maintenance premium of 1/12th, of normal rates, during the period of planned or unplanned occupation absence.

### DECLARATION

I hereby apply to amend the terms of my membership of the Society in accordance with this application to temporarily suspend cover 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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