

Assisted Living Insurance Application Form

Please read before completing this application form:

You must take reasonable care to ensure information provided to us is accurate, clear and not misleading.

If you do not we may decide to:

- Treat your policy as if it had not existed and refuse all claims under it; or
- Refuse to pay claims on your policy for any failed activity of daily living or severe cognitive impairment which medical or other relevant evidence later shows existed before you joined but which you had not disclosed on this form.

You must tell us if there is any change to the information that you have provided between the date of application and the policy start date.

Once you have read the Policy Summary, you can apply by:

- Completing an application online at www.nationalfriendly.co.uk/ali
- Completing this application form and:
 - posting it in the pre-paid envelope provided
 - posting it to National Friendly, 11-12 Queen Square, Bristol BS1 4NT
 - scanning and emailing it to info@nationalfriendly.co.uk
- Completing an application over the phone by calling us on **0333 014 6244**. Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Lines are open 8am-6pm weekdays. Calls are recorded for training and quality purposes.

We will assess your application and let you know whether we are able to offer you cover under this policy.

If you have any questions about applying for cover, please call us or your broker.

BROKER USE ONLY

Company

Firm reference no. (FRN)

Agent name

Advised sale

Yes No

1 Policyholder details

Title	Full name						
Address							
							Postcode
Contact tel.				Email			
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
	Male		<input checked="" type="checkbox"/>	Female		<input checked="" type="checkbox"/>	

If the policyholder has lived at this address for less than three years please provide previous address details on a separate sheet of paper.

2 Second point of contact (claims only)

Please ensure that the person named in this section is aware that they are named as the second point of contact for this policy. For more information please see the Policy Summary.

Title	Full name						
Contact details, if different from policyholder							
Address							
							Postcode
Contact tel.				Email			
Relationship to policyholder							

3 Name of payer (if different from policyholder)

Title	Full name						
Address							
							Postcode
Contact tel.				Email			
Date of birth	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
	Male		<input checked="" type="checkbox"/>	Female		<input checked="" type="checkbox"/>	

If the payer has lived at this address for less than three years please provide previous address details on a separate sheet of paper.

4 Assisted Living Insurance

I am applying for initial cover of:	£20,000	<input checked="" type="checkbox"/>	£30,000	<input checked="" type="checkbox"/>	Please tick one box only
I would like payment of benefits to start after a deferred period of:	6 weeks	<input checked="" type="checkbox"/>	13 weeks	<input checked="" type="checkbox"/>	Please tick one box only

Data protection

By submitting this application form (and in any subsequent dealings, which may include telephone calls) National Deposit Friendly Society Limited will hold and use your personal data. We will only hold and use your information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we hold and use your personal data, please see our full Long-Term Care Insurance Privacy Notice which sets out:

- the types of information we collect about you;
- how we collect and use the information;
- who we might share the information with and where such information may be transferred;
- how long we will hold the information for;
- the steps we will take to make sure it stays private and secure;
- your rights in respect of your information.

The Long-Term Care Insurance Privacy Notice is available to view at: www.nationalfriendly.co.uk/privacy

If you would like to receive a paper copy of the Long-Term Care Insurance Privacy Notice, please call us on: **0333 014 6244**

Or write to us at: **National Friendly, 11/12 Queen Square, Bristol BS1 4NT**

You are responsible for making sure you provide us with accurate and up-to-date information. Please inform us when your personal information changes. If you provide information for or about another person in the context of your dealing with National Friendly, you will need to tell them how to find the Long-Term Care Insurance Privacy Notice and make sure they agree to us using their information for the purposes set out in it.

Marketing Preferences

National Friendly will never sell your personal data to any third parties. We would, however, like to keep you up to date with Society news, offers, competitions and other products and services that we offer. Please let us know how you'd like to be contacted below.

I agree to National Friendly contacting me by:

Email: Telephone: Text/SMS: Post:

You can update your marketing preferences easily at any time by phone, email, in writing or online at www.nationalfriendly.co.uk/staytogether

All questions must be answered by the policyholder.

1. Do you currently require, or in the past 12 months have you required, ANY assistance* to:

- i. Get around your home; or
- ii. Undertake any aspects of personal care including washing and dressing.

Yes No

*Assistance means any assistive devices or physical aids, or the help of another person.

2. In the past 12 months have you been, or are you waiting to be, admitted to hospital overnight OR attended hospital and/or clinic for:

- i. An operation (other than for dental operations or surgery for cataracts or glaucoma)?
- ii. Any investigation or test which required a further follow up (other than to receive the result)?

Yes No

If you answered yes to the question above, please provide information as to reasons for answering yes:

3. Can you independently manage all of your own personal finances and affairs, such as managing your bank account, paying bills and doing your own shopping ?

Yes No

4. In the past 24 months, have you discussed memory loss or confusion, or taken a memory test with a medical practitioner (or do you intend to)?

Yes No

If you do not understand any point please ask us or your broker for further information before signing.

I would like to apply for an Assisted Living Insurance policy and declare that:

- I am aware that this application is subject to written acceptance by National Friendly.
- I have completed the health and wellbeing questionnaire on this application accurately and fully to the best of my knowledge.
- I accept my application will be underwritten and that my application may be declined.
- I agree to let National Friendly know of any changes to the information supplied on this application prior to the new policy starting.
- I accept that National Friendly could decline my claims and/or treat the policy as if it did not exist if I have not taken reasonable care to provide information which is accurate and not misleading in this application or if I have not notified National Friendly of any changes to this information before the policy starts.
- I accept that if I have insurance with another provider for assisted living care and devices in the home I must tell National Friendly before making a claim and agree for you to contact the other provider. The total claimed from both National Friendly and the other provider must not exceed the total eligible cost incurred and neither are liable to pay more than their proportionate share of any claim.
- I am prepared to attend a medical or occupational therapy assessment paid for by National Friendly if requested.
- I accept that National Friendly may contact my GP, occupational therapist, care provider and any assistive devices provider to validate any claims made.
- I accept that there are financial limits to the amount I can claim as set out in the Policy Summary document.
- Where this application has been completed by someone else, it was done so at my request.
- I understand that the policy start date will be shown on my policy schedule.
- I understand that the Policy Schedule and the Terms and Conditions documents will form the basis of the contract for the policy. If my policy is accepted both will be sent to me and I will then have 30 days in which to change my mind.
- I agree to National Deposit Friendly processing my personal information as detailed in the Long-Term Care Insurance Privacy Notice provided as part of the application pack.
- You may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Signature of policyholder

Date

Please ensure the payer completes the direct debit form on the opposite page, even if one is already set up with us.

We will send your welcome pack of policy documents by email. Please make sure you have included your email address on this application. If you would prefer the pack to be sent through the post, please tick here:



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball pen and send to:

National Friendly
11-12 Queen Square
Bristol
BS1 4NT

Service user number

6 7 7 9 0 2

FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Name and full postal address of your bank or building society

To: The Manager Bank/Building Society

Address

Postcode

Reference

Instruction to your bank or building society

Please pay National Deposit Friendly Society Ltd Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee.

I understand that this Instruction may remain with National Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

DD17

Banks and building societies may not accept Direct Debit instructions for some types of account.
 This Guarantee should be detached and retained by the payer.



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by National Deposit Friendly Society Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
 - If you receive a refund you are not entitled to, you must pay it back when National Deposit Friendly Society Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.