



Application for Additional Funeral Cover \$ _____ Membership No. _____

Management of the Society require you to disclose in this application every matter that you know, or could reasonably be expected to know, that is relevant to Management’s decision whether to accept the risk of insuring your life on any terms.

Questions

Please tick relevant box to honestly answer each question.

- 1. Are you, at the date of this application, on leave or incapacitated by reason of sickness, injury or other condition?
2. Have you had any medical advice, investigation or treatment for any of the following?
(a) Malignant cancer or tumour within the last ten years?
(b) Diabetes, treatment ongoing at this time?
(c) Asthma, chronic bronchitis, chronic obstructive airways disease (COAD) or emphysema, any of which, within the last two years has resulted in your admission to hospital as an inpatient, or in more than two weeks incapacity or time off work?
(d) Heart disease or stroke?
(e) Infection with the Human Immunodeficiency Virus (HIV), Acquired Immune Deficiency Syndrome (AIDS), or AIDS related conditions?
(f) Kidney or liver disease within the last five years, or Hepatitis B or Hepatitis C?
(g) Chronic Fatigue Syndrome, or other immune disorder in the last five years?
(h) Any other sickness, injury or condition of an ongoing nature or which, within the last two years, has resulted in more than two weeks incapacity or time off work?

If, yes, describe condition, and give dates and periods of incapacity/time off in the last 2 years (if any)

- 3. Please provide any other information that you believe could be relevant to Management’s decision whether to accept the risk of insuring your life on any terms.

- 4. Please provide details of your height and weight.

(a) What is your height? _____cms (or _____feet/inches) (b) What is your weight? _____kgs (or _____llbs)

Declaration

I confirm the truth, accuracy and completeness of all statements and declarations given in writing by me in this Application. I waive privilege that if I make fraudulent or deliberate non-disclosure, the Society may avoid liability at any time.

Applicant’s full name

Applicant’s signature.....Date...../...../.....