

## APPLICATION FORM

Century Plan (Junior)

### IMPORTANT NOTES: Please read carefully

- This application is a gift from you to the child. At the age of 18 all correspondence regarding the membership will be sent to the member, unless the child gives us permission to do otherwise. You can, of course, continue to pay the premiums on their behalf.
- When completing this form, you must take reasonable care to answer all the questions honestly and to the best of your knowledge. If in the event of a claim, it is found that you have not answered the questions correctly, this may lead to the child's membership being cancelled or the claim being rejected or not fully paid. If you are unsure whether or not any details are relevant you should disclose them.
- You must notify the Society straight away if there are any changes to the child's health or other circumstances which happen before the application has been accepted. These include a change in the child's country of residence, the taking up of a hazardous sport or pastime, a change in the child's own health or that of their father, mother, siblings and half-siblings.
- The Society will assess the application based on the information you have provided. You must not assume that we will automatically obtain a medical report or clarify or confirm the information provided.
- The Society may impose any medical exclusions or restrictions on a member's cover and all applications shall be considered and accepted, postponed or rejected.
- A copy of your completed application form is available on request.
- To improve our Customer Service we may monitor and record your telephone calls.

Please answer all questions fully in **BLOCK CAPITALS**

### Details of Junior Applicant

Title: \_\_\_\_\_

Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address for Junior Applicant: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Is the Junior Applicant normally resident in the UK?

Yes

☐

No

☐

## Details of Parent/Guardian

Name of Parent/Guardian:	
Address of Parent/Guardian (if different from child's address):	
	Postcode:
Membership Number (if applicable):	
Home phone number:	
Work phone number:	
Mobile number:	
Email address:	

## Details of Sponsor (i.e. person who will pay the premiums)

Name of child's Sponsor:	
Address of Sponsor (if different from child's address):	
	Postcode:
Membership Number (if applicable):	
Home phone number:	
Work phone number:	
Mobile number:	
Email address:	

# Cover required

Number of units required (min 30 to max 500) \_\_\_\_\_

Do you want the units to increase automatically by 5% each year? Yes ☐ No ☐

Please pay sick pay once illness has lasted:  
(applicable to children over the age of 5 only) one day ☐ 4 weeks ☐ 8 weeks ☐ 13 weeks ☐ 26 weeks ☐

The monthly premium will be: £ \_\_\_\_\_

To work out the premium and benefits, please refer to the tables on page 12 or call us on 0800 975 6565 for a no obligation quote

# Previous Insurance

Has any application to this or any other provider for sickness, disability, accident, critical illness or life assurance ever been postponed, withdrawn, declined, offered or accepted on special terms? Yes ☐ No ☐

If 'yes', please give full details about the insurers, type of cover, dates and decisions:

## Current & Future Hazardous Activities

In the last 5 years has the junior applicant taken part in any of the following sports or pastimes or do they intend to do so?

Aviation	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Outdoor rock climbing /mountaineering	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Diving	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Parachuting	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Hang gliding	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Potholing/Caving	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Horse riding (other than private hacking)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Rugby	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Martial arts	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Sailing	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Microlighting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Winter sports (other than on-piste skiing)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Motor sports	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Any other sport which might be considered dangerous	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you answer 'yes' to any of the above, please provide full details to include the name of the sport/pastime, if this is carried out on an amateur or professional basis and how often the junior applicant participates in the sport/pastime (i.e. 1 to 2 times weekly, once a month etc.)?

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Has the junior applicant suffered any accident or injury as a result of participating in any of the above sports or pastimes? Yes ☐ No ☐

If yes, please include the nature of the accident or injury, dates, treatment received and number of days off school/higher education:

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## Lifestyle

Junior applicant's height and weight? Height: ft: \_\_\_\_\_ inches: \_\_\_\_\_ or Metric Height \_\_\_\_\_ cm  
Weight: st: \_\_\_\_\_ lbs: \_\_\_\_\_ or Metric Weight \_\_\_\_\_ kg

## Medical History

You must take reasonable care to answer all the questions honestly and to the best of your knowledge. If you do not answer the questions correctly, the child's membership may be cancelled, or their claim rejected or not fully paid. If you are unsure whether or not any details are relevant you should disclose them.

Please provide full details regardless of whether or not the child has seen a Doctor or required treatment.

1. How much time off school/higher education has the junior applicant had in the last 3 years due to illness or injury? \_\_\_\_\_ Weeks \_\_\_\_\_ Days

2. Does the junior applicant currently have or have they ever had any of the following:

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Any disease or disorder of the heart or circulation such as heart defects from birth, poor circulation, heart surgery or a heart murmur? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Any blood disorder such as anaemia, sickle cell disease or haemophilia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Stroke, brain injury or brain haemorrhage?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Cancer, Hodgkin's disease, leukaemia, lymphoma, brain or spinal tumours?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Diabetes?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Autism, cystic fibrosis, Down's syndrome, cerebral palsy or spina bifida?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Epilepsy?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

3. In the last 5 years has the junior applicant had any of the following:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Back or neck disorder(s)?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Joint or bone disorder(s) including any form of arthritis, tendon or ligament problems, fractures, sprains or strains?              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Nervous or mental health problems such as depression, anxiety, eating disorders or stress?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Chronic fatigue syndrome, persistent or recurrent tiredness/ fatigue, ME or fibromyalgia?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • High blood pressure?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Recurrent headaches or migraines, dizziness, fainting, seizures, fits or blackouts?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Thyroid disorder(s)?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Ear, nose and throat disorder(s) such as deafness, ear infections, tonsillitis or sinusitis?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Eye problems not corrected by glasses or lenses?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Gastric or Digestive disorder(s) such as colitis, Crohn's disease, hernia, irritable bowel syndrome, gallbladder or liver problems? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Bladder, kidney or urinary problems such as a urinary tract infection or blood and protein in the urine?                            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Respiratory disorders such as asthma, bronchitis or pneumonia?  | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Skin disorders and allergies such as hay fever, eczema, rashes and psoriasis?   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Lumps, growths or cysts of any kind, or any mole or freckle that has bled, become painful, changed colour or increased in size?     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| • Female only - Gynaecological disorders such as menstrual abnormalities or breast problems such as lumps or cysts?                   | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

## Medical History (continued)

Nature of symptoms/diagnosis (If applicable, please include which part of body was affected e.g. lower back, left knee, right foot etc.)	Date(s) of consultation	Treatment received	Date of last treatment/symptoms	Any future treatment/advice planned

# Medical History (continued)

4. Has the junior applicant ever tested positive for HIV or Hepatitis B or are they awaiting the results of such a test? Yes ☐ No ☐

If 'yes' please give full details:

5. Is the junior applicant currently receiving any treatment not already mentioned? Yes ☐ No ☐

If 'yes' please provide full details to include what the treatment is (including dosage) and when this started:

6. In the last 5 years has the junior applicant been prescribed or advised to take any treatment (including herbal or alternative medicine) which has lasted more than 2 weeks that you have not already mentioned? Yes ☐ No ☐

If 'yes' please provide details to include what treatment the junior applicant received, when this commenced and the date they last received this treatment:

Medical History (continued)

7. In the last 5 years has the junior applicant been referred by any medical professional for any test(s) or investigation(s) which you have not already mentioned? Yes ☐ No ☐

If 'yes' please give full details to include the date(s), nature of the test(s) or investigation(s), reason(s) why this/these were carried out and the results:

8. Is the junior applicant waiting for any surgery or are they due to have an appointment, test or investigation with their GP or a Specialist at a hospital or clinic which you have not already mentioned? Yes ☐ No ☐

If 'yes' please advise what this is and when it is planned for:

9. Is the junior applicant currently experiencing any symptoms which you have not already mentioned for which it may be necessary to seek medical attention? Yes ☐ No ☐

If 'yes' please give full details to include the nature of the symptoms and the date this started:



# Family History

Has the junior applicant's natural mother or father or any siblings (including half-siblings) died or suffered from any of the following conditions before the age of 66: Diabetes, heart disease, cardiomyopathy, high cholesterol, stroke, polycystic kidney disease, cancer, multiple sclerosis, Huntington's disease, Parkinson's disease, Alzheimer's, motor neurone disease, polyposis coli (polyps in the colon) or any other hereditary condition?

Yes ☐ No ☐

If 'yes' please give details to include which relative(s) has/had the condition(s), the nature of the condition(s) and the age(s) of diagnosis:

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# Doctor's Details

Doctor's full name: \_\_\_\_\_

Doctor's full address: \_\_\_\_\_

\_\_\_\_\_

Postcode: \_\_\_\_\_

Doctor's telephone number: \_\_\_\_\_

## Important Information to all Applicants

### ACCESS TO MEDICAL REPORTS ACT 1988 & THE ACCESS TO PERSONAL FILES AND MEDICAL REPORTS (NORTHERN IRELAND) ORDER 1991

The main points of the Act are as follows:

- a) If you indicate that you do not wish to see the report we will notify you that we have applied for one but you do not need to take any action. However, if before such report is sent to us you write to your doctor requesting to see it, you will have 21 days to contact your doctor about arrangements to see the report.
- b) If you indicate that you wish to see the report we will write to you at the same time as we contact your doctor. We will indicate that you have asked to see the report and that you have 21 days in which to contact the doctor to ask to see the report. When you have seen the report the doctor may not send it to us until you have given your consent to do so. If you do not contact your doctor within 21 days the report will be sent to us.
- c) You can ask your doctor if he/she will amend any part of the report which you consider to be incorrect or misleading. If your doctor is not in agreement, you may attach your comments.
- d) During the six months after we have received your report you may ask your doctor to see a copy. Should you ask for a personal copy of the report the doctor can charge you a reasonable fee to cover the cost.
- e) In some circumstances, the doctor may decide, in the interest of your health, or to respect the interest of other persons, that you should not see all or part of the report. The doctor will notify you of this and you will have the right to see any remaining part of the report. If it is the whole of the report which is affected, this will not be given to us without your consent.
- f) You can withhold your consent (in which case we will be unable to proceed with this application).

### GENETIC TESTING

We will not ask for the results of a genetic test irrespective of the amount of cover applied for. You must however give information if the child has a family history of a genetic condition. It may be to the junior applicant's benefit to disclose if he/she has had a negative genetic test for such a condition.

### DATA PROTECTION ACT

The Society uses personal information held on its database in accordance with applicable data protection law. The information you provide on this form will be used by us for underwriting and administering the junior applicant's membership.

If this application does not proceed, we may hold a record of the application for a limited period of time, not exceeding two years. The junior applicant's information may be disclosed on a confidential basis, and in accordance with the Data Protection Act 1998, to medical or other service providers for the purposes of processing the application, underwriting and administering the junior applicant's membership, reinsurance, fraud prevention and credit control. Any information relating to the child's health or lifestyle will be used for underwriting and claims purposes only and may be defined as 'sensitive data' under the Data Protection Act 1998. In each case this information will be held securely and access limited to those who need to see it.

Your details may be used so that we can inform you of any products or services which may be of interest to you. Your details will not be shared with any third parties for marketing purposes.

#### Please complete:

Please keep me informed:

By email:

☐

By post:

☐

Please do not send me any information:

☐

## Declaration and Consent

**Before signing this application form, you should carefully read:**

- The Important Information for all Applicants within this application form; and
- The full Policy Terms and Conditions as this will form the basis of the contract between yourself and British Friendly Society Ltd.

These documents form part of our standard Member agreement upon which we intend to rely. If you do not understand any points raised in these materials, please ask for further information.

- I have read and understood the Important Notes at the front of this application form.
- I accept full responsibility for the accuracy of the answers and statements given, and confirm that they are true and complete to the best of my knowledge and belief. I further agree that if I have knowingly made any incorrect statement in this application, the rules of the Society will be strictly applied and the junior applicant's entitlement to all benefits will cease.
- I understand that the Society will underwrite this application based on the information I have provided on this form, and will not assume that the Society will automatically obtain a medical report or confirm or clarify the information provided.
- I shall advise the Society of any changes to the child's health or other circumstances which happen before the application has been accepted.
- I have read the explanation of my rights under the Access to Medical Reports Act 1988 or Access to Personal Files and Medical Reports (Northern Ireland) Order 1991 and consent to the Society being provided with the junior applicant's medical information, including copies of his/her medical records, from any doctor who has at any time attended the junior applicant concerning anything which affects their physical or mental health.

I wish to see the report before it is sent to the Society: ☐

**The Society MUST be notified of any changes to the information that you have given to the Society in connection with this application, until you receive confirmation from us that the application has been accepted.**

### British Friendly Society Ltd

45 Bromham Road  
Bedford  
MK40 2AA

Tel: 01234 358344 (mainline)

Tel: 0800 975 6565

Fax: 01234 327879

Email: [enquiries@britishfriendly.com](mailto:enquiries@britishfriendly.com)

Website: [www.britishfriendly.com](http://www.britishfriendly.com)

Name of Parent/  
Guardian:

Date:

Signature of Parent/  
Guardian:

Name of Sponsor:

Relationship to Child:

**In all cases, this form must be signed by the parent/legal guardian.**

## To be completed by the introducer (if applicable)

Introducer's name:

Introducer's Membership number:

Introducer's address:

  

Postcode:

Introducer's telephone number:

## Monthly Premium Table

The tables below give examples of the weekly sickness benefit and the cost per unit. You can choose any number of units between the minimum of 30 and the maximum of 500. Once you have decided the level of sickness cover the child requires, please calculate the cost of their monthly premium.

Monthly Premiums (per unit)	Cost per unit
0-4 years	15p
From 5th birthday	17p

To find out exactly how much your cover will cost please call us on **0800 975 6565**

If you do not require sick pay from day one, please select an alternative then apply a discount to the premium rate, as per the table below: (applicable to children over the age of 5 only).

Discounts for Deferring Sick Pay				
Day One Cover	4 Weeks Deferral	8 Weeks Deferral	13 Weeks Deferral	26 Weeks Deferral
0%	15%	20%	22%	25%

The amount of sickness benefit paid depends on the selected number of units. Members between the ages of 5 and 60 are entitled to sickness benefit according to this table.

Sick Pay Scale	100 Units	300 Units	500 Units
Full Pay*	£60.00	£180.00	£300.00
Half Pay**	£30.00	£90.00	£150.00
Reduced Pay***	£18.00	£54.00	£90.00

\*Paid for the first six months \*\*Paid for the next six months \*\*\*Paid until recovery, or age 60, whichever comes first

If you have any questions relating to this form, please telephone British Friendly Society on **0800 975 6565** or e-mail us at [enquiries@britishfriendly.com](mailto:enquiries@britishfriendly.com)

## Reference Information - office use only

Notes:

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**British Friendly Society Limited**

Registered Office:

45 Bromham Road, Bedford MK40 2AA

Telephone:

**01234 358344**

Fax:

**01234 327879**

Email:

**enquiries@britishfriendly.com**

Web:

**britishfriendly.com**

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**British-Friendly**

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**BRITISH  
FRIENDLY**

It feels good to be covered