# INCOME REPLACEMENT

Name:
Date of Birth: Male/Female
Smoker / Non-Smoker :

Occupation: G.P. / Locum / Salaried Doctor / Hospital Doctor / Other (please specify):

Date Joined NHS:

Details of any Added Years Purchased:

Details of any Breaks in Service:

Date Superannuation Contributions: Commenced:
Ceased:
Re-Commenced:

Current Taxable Income:

If any of this income is derived from Non-NHS work, please indicate how much: £

Do you wish this secondary income to be included within this Policy: Yes / No

**If yes**, Please confirm full details of the nature of this secondary employment:

If income is received in the event of illness, please confirm the amount, when this is payable from and until when:-
Occupation 1:
Occupation 2:

Amount of any existing Income Protection cover from other sources, and when this becomes payable:

Benefit Amount: £ per week/month
Deferred Period : weeks
Cessation Age:
Company Name:

Proposed Retirement Date: 60 / 65 / Other .....

Please return to:-
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