



Dear NABAS Member,

**THE HMCA LOW COST LIFE EXTRA PLAN**

Just think of what would happen to your family if you died suddenly. How much money would they need to meet their immediate needs? HMCA has negotiated £5,000 low cost Term Life Protection that you can use to top up your existing cover. For example, a member aged 48 will pay £3.01 a month for £5,000 cover.

The features of the Life Extra Plan, underwritten at Lloyd's of London, are as follows\*:-

- Life cover of £5,000 for your family if you die from an accident or illness.
- A free Will Service on your first 12 month anniversary of membership.
- A special arrangement with HMCA so that a medical examination will not normally be required.
- Free internet access to *Householdlaw* is included in your welcome pack. It will give you a wealth of useful advice and information to help you resolve some of life's tricky legal problems, such as building contracts, disputes with neighbours, credit issues, identity theft, power of attorney, probate, etc

You can join this plan by completing the application overleaf and the direct debit form below and returning the leaflet to us as shown overleaf.

\*See the full terms and conditions at [www.hmca.co.uk/extra.htm](http://www.hmca.co.uk/extra.htm) or telephone us on 01423 866985 for more information.



Instructions to your Bank or Building Society to pay Direct Debits.



Please complete the whole form and send it to:  
HMCA/S PLC, FREEPOST, Beech Hall  
Knaresborough, Yorkshire HG5 9YX

Originators identification No.

9 2 6 0 8 7

1. Name & full postal address of your Bank or Building Society branch

To: The Manager .....

.....

..... Post code .....

2. Name(s) of account holder(s)

.....

5. HMCA/S PLC reference number

**Y237/**

3. Branch sort code  
(from the top right hand corner of your cheque)

..... - ..... - .....

6. Instruction to your Bank or Building Society Please pay HMCA/S PLC Direct Debits from the account detailed on this instruction subject to the safeguards assured by The Direct Debit Guarantee.

4. Bank or Building Society account

.....

Signature(s)

.....

Date

**HMCA LIFE EXTRA PLAN  
MONTHLY SUBSCRIPTION**

Age Band	£5,000
18-34	£1.20
35-39	£1.40
40-44	£1.95
45-49	£3.01
50-54	£5.00
55-59	£8.67
60-64	£15.35

65-75 (Please telephone HMCA on 01423 866985 for more information and help)



# THE BENEFITS OF THE HMCA MONTHLY LIFE EXTRA COVER

## THE LIFE EXTRA PLAN

The plan pays £5,000 for death from accident or sickness. Cover is based on your age at the most recent anniversary date of the plan. If you are 64 years of age on the anniversary date of the plan you therefore benefit from the cover for death from sickness until the next anniversary date.

### ACT NOW

Your subscription will increase as you grow older.

## OUR MONEY BACK GUARANTEE

To make sure you are totally happy with your HMCA Life Extra Plan you will have 30 days from the receipt of your certificate to change your mind. The HMCA Life Extra Plan is underwritten at Lloyd's. If you are not satisfied all you need to do is write "cancel" on the certificate and return it to HMCA, Beech Hall, Knaresborough, Yorkshire, HG5 9YX by post. Subscriptions paid will be refunded, in full, immediately.

## THE FREE WILL SERVICE

HMCA provides you with a free will service when renewing cover after the first anniversary date.

## HOUSEHOLDLAW

HMCA will offer you free internet access to *Householdlaw* in your welcome pack. It offers a wealth of useful advice to help you resolve some of life's tricky legal problems ie creating power of attorney, identity-theft concerns, holiday and travel problems, disputes with neighbours and so forth.

## HOW TO JOIN

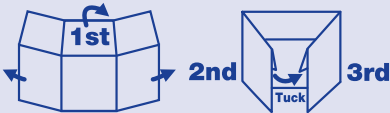


For immediate personal attention please telephone our helpline on 01423 866985

or



Complete this form, fold the leaflet as indicated and tuck in the flaps to form a postage-paid envelope. No stamp is required if posted in Great Britain, the Channel Islands or Northern Ireland



▲ 2ND FOLD – UNDER ▲

Do not affix postage stamps if posted in Great Britain, the Channel Islands or Northern Ireland.

No stamp required

▲ 1ST FOLD – UNDER ▲

# HMCA, FREEPOST, BEECH HALL, KNARESBOROUGH, YORKSHIRE, HG5 9YX.

WORLD  
LAND  
TRUST™



54051/Y237

▼ 3RD FOLD – TUCK IN ▼

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## HMCA LIFE EXTRA PLAN APPLICATION FORM

I wish to apply for the £5000 Life Extra plan. I understand that no cover will be in force until this application form is satisfactorily reviewed and accepted and confirmed and the first subscription (or for the annual cover the full premium) is received.

You must take care to provide complete and accurate answers to the questions asked. Please contact us on 01423 866985 if you do not understand any of the questions or the nature of the information required.

Name: \_\_\_\_\_ (Mr / Mrs / Ms) Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Status: Married / Single / Divorced / Widowed \*delete as applicable Gender: Male / Female \*delete as applicable

Height: Feet / Inches or Metres \_\_\_\_\_ Weight: Stones / Pounds or Kilograms \_\_\_\_\_

If you are able to answer "no" to all the following questions and your body mass index (BMI) is below 35 and your occupation is acceptable, we will be able to issue your plan immediately upon receipt. Tick as applicable

- 1 Have you ever had any form of cancer, heart attack, angina, heart disease (including valvular disease) or stroke?  Yes  No
- 2 Have you ever been diagnosed as having a motor neurone disease, Alzheimer's or Huntington's disease, muscular dystrophy, cirrhosis of the liver, cystic fibrosis, multiple sclerosis, diabetes, HIV/Aids, hepatitis B or C, dementia, cerebral palsy, Parkinson's Disease, kidney disease, chronic obstructive pulmonary disease or emphysema?  Yes  No
- 3 Are you awaiting the results of any investigations or do you have any symptoms or complaints for which you have not consulted a doctor or received treatment?  Yes  No
- 4 During the past 12 months have you been off work or unable to carry out your occupational duties because of illness, accident or injury, for more than 10 days?  Yes  No

You must tell us as soon as possible about any changes in this information which occurred before this cover commences. We will tell you if this affects your cover and if so, whether the change will mean the insurer can proceed.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_