



RETIRED/DEFERRED COVER

Please find enclosed an application form for Retired/Deferred cover. This category of membership is granted to members who have retired from practice or are not working for period of three months or more.

A condition of this type of cover is that you must have been in membership with MDDUS for a minimum period of 1 year. Additionally, the furthest we can backdate this cover is three months from the date you contacted us.

This cover is provided free of charge and offers cover for Good Samaritan acts only. Under the terms and conditions of Retired/Deferred cover, doctors/dentists should not be working in any medical/dental capacity.

Any liability arising from partnership arrangements will not be covered through this category of membership and members who wish to retain cover for such actions should contact the Membership Services Department

If you have intimated a return to work date on the enclosed form, we will contact you prior to this date to ensure cover is in place before you recommence practice. If you have left this section blank, we ask that you contact us prior to your return to practice, to ensure you acquire the correct level of cover for the work you are undertaking.

Should you return to work, you must complete an application form for restoration of your cover. Application forms are available from our website www.mddus.com or by contacting Membership Services Department on 0845 270 2038. Application forms must be received prior to you returning back to work.

If you have the opportunity to do occasional work please contact Membership Services to arrange short term cover. Short term cover allows you to reinstate your cover for periods of 4 weeks at a time for a nominal fee. Please note that short term cover of 4 weeks can only be offered on no more than three occasions in any 12 month period **or** up to a maximum of 90 days in any 12 month period.

Please ensure the Retired/Deferred Cover form is returned to us in a timely manner, as failure to do so may impact on your availability for this category of membership.



APPLICATION FOR RETIRED/DEFERRED COVER

Please complete in **BLOCK CAPITALS**

Title

Membership Number

First Name(s)

Surname

Address

Postcode

Telephone No:
Email Address:

- a) I wish to apply for Retired cover as from This date should be the last day you worked. This grade is intended for members who have now retired from, and have no intention of returning to clinical practice on a permanent basis.
- b) I wish to apply for Deferred cover as from This date should be the last day you worked. This grade is intended for members who are taking a break from clinical work e.g. for a period of maternity leave, a period of ill health or a sabbatical, and hope to come back as a full member of the Union when they return to full clinical practice.

I require Retired/Deferred cover as: *(Please tick relevant box)*

I have retired from practice I am not working due to ill health

I am on maternity leave and anticipate returning back to work on (date if known)

Other *(please specify)*

1. I declare that I stopped work on the aforementioned date and have no present intention of resuming medical or dental practice.
2. I understand that if I should resume practice either permanently or temporarily in any capacity, all benefits cease until I have again applied for ordinary membership and have paid the relevant subscription.
3. I understand that if I am called upon in a particular emergency to render treatment by reason of the fact that I am a medical/dental practitioner, this will **not** be deemed a resumption of practice.
4. I shall keep the Union informed of any change of address or if I cease to be on the appropriate Register.

My GMC/GDC registration number is Date of Birth

Signature Date

The MDDUS is not an insurance company. The benefits of membership are discretionary and are all subject to the Memorandum and Articles of Association

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