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Preferential

Preferential Private Health Cover

Application for group cover

About this form

- Please complete this form if you have been nominated by your employer as Group Secretary and you are buying health cover for your company. Employees and their family members, whom you wish to include in your policy, must complete our form: Application to join a group scheme
- Please take time to read this form carefully, making sure you have completed all the sections before signing and dating the declaration in section 5.
- Please write in blue or black ink and use **BLOCK CAPITALS**.
- If you need any assistance please call our helpline on 0800 197 6997. We are here to help. Your calls may be recorded and monitored for training and quality assurance purposes.

1 About your company

Company name			
Company address			Postcode
Telephone no.		Fax no.	
Email address			
Nature of business			
When would you like your policy to start?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Quotation reference number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2 Payment method

You may pay annually, quarterly or monthly.

If you wish to pay by cheque please do **NOT** include it with this form, we will send you a payment request in due course. If paying by direct debit please complete the attached form.

If you wish to pay by cheque	Annually <input type="checkbox"/>	Quarterly <input type="checkbox"/>	
If you wish to pay by direct debit	Annually <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Monthly <input type="checkbox"/>

3 About your broker (if applicable)

Name of broker			
Simplyhealth broker reference number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Contact name	
Address			Postcode
Daytime telephone no.		Fax no.	
Email address			

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4 How we use information about you and your group members

As the Data Controller, we will store and process personal data in accordance with the Data Protection Act 1998 (DPA).

Under the DPA we have a 'Data Controller in Common' relationship with your company. Both parties must treat personal and sensitive personal data included in this form (and any supporting documentation) in accordance with the requirements of the DPA.

We and other Simplyhealth Group companies will use information to provide our services, for assessment and analysis, for underwriting and claims handling, to improve our services, and to protect our interests.

Unless you ask us not to we may use your information to keep you informed by post, telephone, email or other means about products and services, which may be of interest to you.

We will keep information about you confidential. However we may give information about you and how you use our products to the following:

- Fraud prevention agencies and other organisations who may record, use and give out information to other insurers.
- People who provide a service to us or act as agents on the understanding that they will keep the information confidential.
- Anyone to whom we may transfer our rights and duties under this agreement.
- We may also give out information about you if we have a duty to do so (such as regulatory bodies), or if the law allows us to do so or if the person requesting the information has in our opinion, a legitimate interest in the disclosure.

Sensitive data

In order to assess the terms of the contract of insurance, including any specific medical exclusions or administer claims we may collect data, including medical information, which the DPA defines as sensitive.

Medical information will be kept confidential and only disclosed to those involved in providing the patient's treatment or care, including their General Practitioner or Dentist, or their agents. Only in exceptional circumstances will we disclose medical information to other third parties or family members, without the patient's explicit consent.

If your employer has appointed an insurance broker or intermediary, we may disclose to them the personal information that they need to deal with your cover. Details of medical information will not be disclosed to the intermediary unless we have the specific consent of the patient.

Accuracy of personal information

To help us ensure that your personal information remains accurate and up to date please inform us of any changes.

You have the right to see personal information, which is held by us. There may be a charge if you want to do this. For more details write to: The Data Protection Co-ordinator, Simplyhealth, James Tudor House, 90 Victoria Street, Bristol BS1 6DF.

Your calls may be recorded and monitored for training and quality assurance purposes.

5 Declaration

Please read the following declaration carefully then sign and date it below.


- I am authorised by the company named above to enter into a contract of insurance for group membership of Preferential Group Health Cover on company paid terms.
- I have received a copy of the careforme Group Policy Document and have read and agree to be bound by the terms and conditions of Preferential Private Health Cover, on behalf of the company.
- I understand that the Membership Certificates, which the company's employees, who are enrolled in the scheme, will receive will confirm their cover, and advise them of any conditions specifically excluded because of information they have supplied on their application forms. The Membership Certificate will also advise the start date of the policy. I will receive confirmation in writing of the employees enrolled in the scheme, their level of cover and the annual renewal date.
- I confirm that all employees to be enrolled in the company's scheme are resident in the United Kingdom, Channel Islands or Isle of Man. I understand that any employee resident abroad can only be included in the company's scheme provided I have notified Simplyhealth in writing prior to the employee moving abroad, and that they have confirmed continuing entitlement to benefit.
- I understand that only employees and their family members will be eligible for inclusion in the group scheme subject to our acceptance of their application. We will only accept liability for a person who has been enrolled by us.
- I understand that transfers between scales of cover may only take place at the annual renewal date.
- I understand that Simplyhealth reserves the right to refuse an application to transfer between scales of cover and to impose special conditions.
- **I confirm that the company will pay all premiums as they become due and no reimbursement will be sought from any employee, except in respect of enrolled family members.**
- I understand that Simplyhealth reserves the right to alter the premiums, discounts and surcharges and that these alterations will only take effect at the annual renewal date.
- I confirm that all relevant documents will be distributed to all enrolled employees.

■ We may use your information to keep you informed by post, telephone, e-mail or other means about products and services, which may be of interest to you. If you do not wish your information to be used for these purposes please tick box.

■ I confirm that where medical information is provided with supporting documentation, the employee or their family member concerned has given their explicit consent for Simplyhealth to process their personal information in accordance with the Data Protection Act 1998, where the employee or their family member is aged under 16 years, explicit consent has been obtained from their parent or guardian.

■ By agreeing to the Preferential Private Health Cover Terms and Conditions, in my capacity as Group Secretary, I consent to any personal data, including medical information, that you may collect about the company's employees and their family members, being processed by Simplyhealth.

■ I agree that this declaration, and the answers given on this application form, shall form the basis of the contract of insurance between the company and Simplyhealth.

Signature of Group Secretary		Today's date	<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Name (please print)	<input type="text"/>	Position	<input type="text"/>							
Name of Company	<input type="text"/>									

If you have any questions, please call the helpline on 0800 197 6997. We are here to help.

Direct Debit Form



Policy number:

Instruction to your Bank or Building Society to pay by Direct Debit



Please detach and keep the Guarantee below, before sending the completed form to: Simplyhealth, James Tudor House, 90 Victoria Street, Bristol BS1 6DF.

Instruction to your Bank or Building Society

To: The Manager	<input type="text"/>	Bank or Building Society
Bank or Building Society Address	<input type="text"/>	
	Postcode	
Name(s) of account holder(s)	<input type="text"/>	
Account number	<input type="text"/>	Branch sort code <input type="text"/> - <input type="text"/> - <input type="text"/>

Originator's identification number

6	9	0	1	1	9
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Please pay Simplyhealth Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Simplyhealth and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s)	<input type="text" value="X"/>	Today's date	<input type="text" value="DDMMYY"/>
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Bank and Building Societies may not accept Direct Debit instructions from some types of account.

For Simplyhealth Official Use Only. This is not part of the Instruction to your Bank or Building Society.

Day of the month on which you'd like the Direct Debit to be collected from your account

If premiums are to be paid by a party other than the policy holder please complete the boxes below. This information will only be used by Simplyhealth.

Name	<input type="text"/>
Address	<input type="text"/>
	Postcode
Telephone no.	<input type="text"/>

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The Direct Debit Guarantee



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme.
- The efficiency and security of the scheme is monitored and protected by your own Bank or Building Society.
- If the amount to be paid or the payment dates change, Simplyhealth will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Simplyhealth or your Bank or Building Society, you are guaranteed a full refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please send a copy of the letter to us.

Simplyhealth, James Tudor House, 90 Victoria Street, Bristol BS1 6DF

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