

This is all about

Applying for business healthcare

with Standard Life



This is the company application and employee enrolment form.

Please complete all relevant sections of this form to make sure there are no delays in processing your application.

This form should be completed by the person acting for the company that is applying for cover, referred to as the principal Group Secretary throughout this form. Please complete all the sections to make sure there are no delays in processing your application.

We reserve the right to decline an application based on the information contained in this form. Please contact us, or your adviser, if you have any queries or need any help with your application.

You must tell us about any changes in personal circumstances, including the state of health of anyone to be included on this plan, that take place between signing this application form and the start of your plan with us. We reserve the right to alter your acceptance terms in light of any such changes.

When you have completed this form, please return it to your adviser.

Easy steps to applying for cover:

1. Company details

Complete the following sections only if Core Healthcare is required in any category:

2. Cover details

Start date and category description if you have chosen Core Healthcare.

3. Acceptance terms

The underwriting basis on which you are applying for cover.

4. Health declaration

Please complete this section where some employees are applying for cover on the basis of switching to us from your current insurer with the same personal exclusions.

5. Declaration

If you have chosen Core Healthcare.

6. Employee enrolment

If you have chosen Core Healthcare.

Complete the following sections only if Core Healthcare is NOT required in any category:

7. Cover details

Start date and category description if you have NOT chosen Core Healthcare.

8. Declaration

If you have NOT chosen Core Healthcare.

9. Employee enrolment

If you have NOT chosen Core Healthcare.

All applicants should complete the following sections:

10. Payment details

Payment amount, frequency and method.

11. Direct Debit instruction

Please complete, giving your company bank details as requested.

12. Direct Debit guarantee

For you to keep.

13. Data protection

For you to keep.

When you have completed your application form, please detach it from this cover and return it to your Standard Life Healthcare Representative or financial adviser. Please note: Standard Life Healthcare do not backdate cover. All required documentation must be completed and submitted within 30 days of the inception date.

Applying for business healthcare



For office use only

Quote reference number:

Please complete all sections in BLOCK CAPITALS

1 Company details

Company name

Type of business

Total number of employees in company

Address

Postcode

We'll send correspondence about the plan to this person:

Principal Group Secretary name

Email address

Phone number

Fax number

We may use your email address to correspond about general administrative matters relating to your plan or to tell you about any new services or products that may be of interest. Other members of the Standard Life group may also use your email address to inform you of their services and products that may be of interest. Please tick the box if you are happy for them to do so.

Details of any other Group Secretaries for our records:

Other Group Secretary name

Email address

Phone number

Fax number

Other Group Secretary name

Email address

Phone number

Fax number

Please tell us about any subsidiary companies whose employees will be covered by this plan:

Subsidiary company name

Address

Postcode

Subsidiary company name

Address

Postcode

You must make the payments for all employees to be covered under this plan. All employees and dependants to be covered must live in the UK for at least 180 days in each year and must be registered with a UK GP who holds their full medical records.

The next steps

If Core Healthcare is required in any category, please complete sections 2 to 6, followed by sections 10 and 11.

If you DO NOT require Core Healthcare in any category, please go straight to page 7, and complete sections 7 to 9, followed by sections 10 and 11.

2 Cover details – if you have chosen Core Healthcare

What date do you want your plan to start on?

If your company is currently insured and you are applying for cover on continued personal exclusions, please see the note in section 3 about continuous cover.

Cover details	Category 1	Category 2	Category 3	Category 4
Category description				
Core Healthcare				
Core Enhancement				
Out-patient Treatment (confirm level) Level 1 up to £500; Level 2 up to £1,000; Level 3 Full Cover				
Additional Therapies (confirm level) Level 1 up to £350; Level 2 Full Cover				
Psychiatric Treatment				
Employee Assistance Programme				
GP Consultation Line				
Nurse Helpline				
Private GP				
Maternity Cover				
Health Screening				
NHS wait option (please tick) (not available with Guided Option)	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
Dental Cover (confirm level) Level 1, Level 2 or Level 3				
Travel Cover (confirm level) Level 1 or Level 2				
Health Cash Options (confirm level) Level 1, Level 2 or Level 3				
Excess level – Employee	£	£	£	£
Excess level – Dependant	£	£	£	£

Excess to be applied per plan year? or per claim?

Preventative benefits for entire company:

GP Consultation Line Nurse Helpline

Employee Assistance Programme Occupational Health

3 Acceptance terms – if you have chosen Core Healthcare

Has your company been insured by Standard Life Healthcare before? Yes No

If yes, please write your policy number here, if you know it

Does your company have private medical insurance? Yes No

If YES go to the section below called **For currently insured employees.**

For currently uninsured employees

Please tell us which underwriting basis will apply to these employees. If you have employees intending to join on a moratorium **and** full medical underwriting basis, please tick both boxes.

New moratorium Full medical underwriting*

*If you choose this option, please make sure that each employee completes a full medical underwriting form.

For currently insured employees

Please complete the Health declaration below and attach a current certificate of insurance for each employee and any family members who want to be covered by switching to us on continued personal exclusions.

We can only provide continued personal exclusions if there has been no break in cover between the date your existing cover ends and your cover with Standard Life Healthcare starts.

Current insurer's name
Plan name
Date existing cover ends

Employees and family members over 65 must complete our special underwriting medical questionnaire. Please don't cancel their cover until you are satisfied with the terms we can offer, as these may be different from their current underwriting terms.

4 Health declaration – if you have chosen Core Healthcare and are applying for continuous personal exclusion terms

As Group Secretary, I have checked with all members transferring with continuous personal exclusions and confirm that I am not aware of any member (or family member) listed on this form who has:

- had any in-patient or day-patient treatment in the last 6 months.
- any in-patient or day-patient treatment currently arranged, even if they don't yet know what the procedure date will be.
- suffered from (or is currently undergoing tests for) any heart, cancer or psychiatric related conditions.

I further understand that if I knowingly make a false declaration, this could result in a claim not being met.

If you feel unable to sign this declaration about any of these employees (or their family members) then please ask them to complete an 'employee medical application form – continued personal exclusions', for assessment by Standard Life Healthcare.

Signed (principal Group Secretary)	Date
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Please don't cancel your existing cover until Standard Life Healthcare has confirmed acceptance on continued personal exclusions terms.

To be completed by the adviser

Agent code	<input type="text"/>	Consultant name	<input type="text"/>
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5 Declaration – if you have chosen Core Healthcare

I, acting as Group Secretary on behalf of the company named overleaf, declare that to the best of my knowledge and belief, the statements made on this application form, and any supplementary information forming part of this application are full, true and correct and form part of the contract with Standard Life Healthcare Limited.

Where we are applying to transfer on continued personal exclusions (CPE) from another insurer, I understand that Standard Life Healthcare will accept those employees who satisfy the terms of the Health declaration on the same medical underwriting terms as those applied by our current insurers and that no new medical underwriting terms will be applied. I further understand that, based on the information supplied by any employee on their continued personal exclusions application form, Standard Life Healthcare reserves the right to refuse to cover that employee. If accepted, we agree to be bound by the terms and conditions of the Standard Life Healthcare plan that we have selected and understand that the benefits and exclusions of this plan may be different from those on our current plan.

For employees who have not been previously covered or who have chosen to start on a new moratorium clause, we understand that pre-existing medical conditions are excluded from benefit.

If accepted, I undertake to distribute the appropriate membership pack to each employee to be covered under this plan as soon as these are received. (Please note: For those employees subject to the moratorium clause, we would urge you to draw their attention to the moratorium clause guide included in their membership pack.)

I confirm that I have read and understood the information on the Data Protection Act 1998 set out in section 13. By signing this application, I agree that Standard Life Healthcare and its agents may use the information I supply, which may include health information that the Act defines as "sensitive data", for the purposes shown. I further understand that personal data may be accessed by other parts of the Standard Life group for general administrative purposes.

I understand that a data protection notice for insured employees and their family members will be included in each membership pack. I agree to notify employees of any changes to the plan and to send any other communication which Standard Life Healthcare wish to make about the plan.

Signed (principal Group Secretary)	Name
For and on behalf of (Company name)	Date

Keeping you informed

The companies of the Standard Life group may use your personal information to inform you of other services and products that may be of interest. If you would prefer not to receive details of other products, please either tick this box or write to the Data Protection Co-ordinator at the head office address.

6 Employee enrolment – if you have chosen Core Healthcare

Please complete all sections of this form to allow us to process this application without delay.
Any alterations to this form must be initialled by the Group Secretary.

Please read these notes before completing this section.

1. **Please complete a section for each employee and any family members to be covered, all of whom must be resident in the United Kingdom. Please note that children must be under age 25.**
2. **Moratorium:** With this option, employees and family members do not need to fill in a health questionnaire.
3. **Continued personal exclusions (CPE):** A copy of the current certificate of insurance must accompany this application for every employee and family member applying for CPE acceptance terms. Until this is provided, employees and their family members will be subject to our normal moratorium clause, and pre-existing conditions and ongoing treatment will not be covered. There must be no break in cover.

Please make sure you sign the appropriate declaration relating to employees and family members who are applying for CPE acceptance terms. If you don't feel you can sign the declaration in respect of one or more employees, then they must each complete an individual employee CPE application form. We will assess the information they provide and we advise you not to cancel your existing cover until we have confirmed acceptance on CPE terms.

4. **Full medical underwriting:** Any employee or family member wishing to be individually underwritten must complete a full medical underwriting application form. We can provide these forms for anyone who wishes to be underwritten on this basis.

7 Cover details – if you have NOT chosen Core Healthcare

What date do you want your plan to start on?

Cover details	Category 1	Category 2	Category 3	Category 4
Dental Cover (confirm level) Level 1, Level 2 or Level 3				
Health Cash Options (confirm level) Level 1, Level 2 or Level 3				
Travel Cover (confirm level) Level 1 or Level 2				
GP Consultation Line				
Nurse Helpline				
Employee Assistance Programme (included in Health Cash Options)				

Preventative benefits for entire company:

GP Consultation Line Nurse Helpline
Employee Assistance Programme Occupational Health

8 Declaration – if you have NOT chosen Core Healthcare

I, acting as Group Secretary on behalf of the company named overleaf, declare that to the best of my knowledge and belief, the statements made on this application form, and any supplementary information forming part of this application are full, true and correct and form part of the contract with Standard Life Healthcare Limited. If accepted, we agree to be bound by the terms and conditions of the Standard Life Healthcare plan that we have selected.

If accepted, I undertake to distribute the appropriate membership pack to each employee to be covered under this plan as soon as these are received.

I confirm that I have read and understood the information on the Data Protection Act 1998 set out in section 13. By signing this application, I agree that Standard Life Healthcare and its agents may use the information I supply, which may include health information that the Act defines as "sensitive data", for the purposes shown. I further understand that personal data may be accessed by other parts of the Standard Life group for general administrative purposes.

I understand that a data protection notice for insured employees and their family members will be included in each membership pack. I agree to notify employees of any changes to the plan and to send any other communication which Standard Life Healthcare wish to make about the plan.

Signed (principal Group Secretary)	Name
For and on behalf of (Company name)	Date

Keeping you informed

The companies of the Standard Life group may use your personal information to inform you of other services and products that may be of interest. If you would prefer not to receive details of other products, please either tick this box or write to the Data Protection Co-ordinator at the head office address.

9 Employee enrolment – if you have NOT chosen Core Healthcare

Please complete only section A of each employee's details (overleaf).

10 Payment details – for ALL applications

Premium due: £ per month quarter year (tick as appropriate).

How would you like to pay your premium?

By Direct Debit (Please complete the Direct Debit instruction below.)

By Electronic Funds transfer

Annually by cheque (Please make cheques payable to Standard Life Healthcare Limited and write your quote number on the back.)

11 Instruction to your Bank or Building Society to pay by Direct Debit – for ALL applications

Please complete sections 1 to 7 and return to Standard Life Healthcare Ltd.,
Marshall Point, 4 Richmond Gardens, Bournemouth BH1 1JD.



1. Your company details

Company name
Company address
Postcode

Originator's identification number

9	4	0	4	6	0
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6. Standard Life Healthcare reference number
(for office use only)

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7. Instruction to your Bank or Building Society.

Please pay Standard Life Healthcare Ltd. Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. **I understand that this instruction may remain with Standard Life Healthcare Ltd. and if so, details will be passed electronically to my Bank/Building Society.**

2. Name(s) of Account Holder(s)

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3. Bank or Building Society account number

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4. Branch Sort Code

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5. Name and full postal address of your Bank or Building Society branch

To: The Manager
Bank or Building Society name
Branch address
Postcode

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

1 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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B Complete this section only if Core Healthcare is chosen

Hospital list <input type="checkbox"/> Countrywide <input type="checkbox"/> Countrywide London upgrade <input type="checkbox"/> Extended London upgrade <input type="checkbox"/> Guided Option	Acceptance terms <input type="checkbox"/> New moratorium (please refer to note 2) <input type="checkbox"/> Continuous personal exclusions (please refer to note 3)
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2 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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3 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

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Hospital list <input type="checkbox"/> Countrywide <input type="checkbox"/> Countrywide London upgrade <input type="checkbox"/> Extended London upgrade <input type="checkbox"/> Guided Option	Acceptance terms <input type="checkbox"/> New moratorium (please refer to note 2) <input type="checkbox"/> Continuous personal exclusions (please refer to note 3)
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4 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

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5 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

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6 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

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Hospital list <input type="checkbox"/> Countrywide <input type="checkbox"/> Countrywide London upgrade <input type="checkbox"/> Extended London upgrade <input type="checkbox"/> Guided Option	Acceptance terms <input type="checkbox"/> New moratorium (please refer to note 2) <input type="checkbox"/> Continuous personal exclusions (please refer to note 3)
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7 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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8 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation	Category			
House number/name	Postcode	Evening phone no.		

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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9 Employee and dependants to be covered

A Employee's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
Occupation		Category		
House number/name		Postcode	Evening phone no.	

Are dependants currently covered under your existing plan or another plan? Yes No

If yes, please provide a copy of the current insurance certificate.

Partner's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Child's details

Sex <input type="checkbox"/> M <input type="checkbox"/> F	Title	Forenames	Surname	Date of birth
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Acceptance terms <input type="checkbox"/> New moratorium (please refer to note 2) <input type="checkbox"/> Continuous personal exclusions (please refer to note 3)

12. 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 amounts to be paid or the payment dates change, Standard Life Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Standard Life Healthcare or your Bank or Building Society, you are guaranteed a full and immediate 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 also send a copy of your letter to us.

13. Data protection.

Data protection notice

Each insured employee will get a copy of our full data protection notice in their membership pack. They should show it to any family members on the plan old enough to understand it, as it applies to their personal data too.

Use of personal information

Standard Life Healthcare Limited will handle all sensitive data, such as any medical and claims information, on a confidential basis and use it to administer the plan, process claims, for underwriting and pricing purposes and to maintain management information for business analysis.

Some of the personal data we receive in connection with this plan will also be held centrally on Standard Life group systems. If any insured employees are customers of other companies in the Standard Life group this will enable us to share changes in their personal data, such as address details, with them for administrative purposes.

Disclosure

We may disclose personal information, under the protection of a contract, to our agents or service providers to administer the plan, to those involved in treating or caring for insured employees and their family, and to any financial adviser or independent intermediary appointed to act on the employer's behalf. Data may be processed by service providers in a country outside the European Economic Area.

Claims correspondence

We will address claims correspondence to the insured employee. If a family member does not want us to correspond with the insured employee about their claim, and they are aged 18 or over, they should take out a separate plan in their own name.

Telephone calls

To continuously improve our service to members, we may record or monitor calls.

Obtaining a copy of personal information

Any employee who wants to access their personal information should write to the Data Protection Co-ordinator at Standard Life Healthcare, and ask for a 'data subject access form'. There is a £10 charge for this service.

