

Standard Life Healthcare Business healthcare

Health Cash Options, Dental Cover and Travel Cover application form



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 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.

2 Cover details

What date would you like your plan(s) to start on?

Any employee (including any director, partner or owner) over the age of 16 may be eligible to join this plan. We organise your benefits by staff category. So, if you're simply offering the same benefits to all staff then you will only need to have one category. However, if you want to offer different type(s) and level(s) of cover for different staff you will need additional categories. You can have as many different categories as you want. Please state which type(s) and level(s) of cover you want to provide for each staff category (eg. Category 1, Category 2) by ticking the appropriate box in table 1. You will be able to allocate each staff member you want to cover with a category number in the Membership Listing section.

Table 1 – Cover required

Type of cover	Category 1	Category 2	Category 3	Category 4
Dental Cover (if applicable)	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Health Cash Options (if applicable)	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Level 3 <input type="checkbox"/>
Travel Cover (if applicable)	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/>	Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/>

In table 2, indicate the total **number** of employees you wish to cover in each category – taking into account whether category members' partners and/or children are also to be covered.

Table 2 – Number of employees in each category

	Employee only	Employee & partner	Employee & children	Employee, partner & children
Category 1				
Category 2				
Category 3				
Category 4				

In table 3, state the **premiums** due by multiplying the above category member totals by the relevant premiums (please refer to the premium tables contained in the plan literature). **If your group size is ten or more you are entitled to a 15% discount.**

Table 3 – Premiums for each category

	Employee only	Employee & partner	Employee & children	Employee, partner & children
Category 1	£	£	£	£
Category 2	£	£	£	£
Category 3	£	£	£	£
Category 4	£	£	£	£

Total monthly premium due (please add together the above premium totals)

£ per month

If paying annually, to calculate your premium, multiply the above total monthly premium by 12 then deduct either 3% or 2.5% depending on the payment method

Total annual premium due (only if paying annually)

£ per year

Method of payment (please tick):

Monthly by Direct Debit* Annually by Direct Debit (3% discount)* Annually by cheque (2.5% discount)**

*Please complete the Direct Debit instruction overleaf. **Please make cheques payable to Standard Life Healthcare Limited.

3 Application membership listing (details of employees to be covered)

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

3 Application membership listing (details of employees to be covered)

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

3 Application membership listing (details of employees to be covered)

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Partner Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

Category no:

Employee Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
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Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth
Child Male <input type="checkbox"/> Female <input type="checkbox"/>	Title	Forenames	Surname	Date of birth

Employee's address

Postcode Telephone number

For additional members please copy this page and attach extra sheets to the form.

4 Declaration (to be completed by the applicant)

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.

I understand that if I am applying for:

Travel Cover – then each insured member will have to obtain written confirmation from their GP or specialist before they travel advising that they are medically fit to do so if any of the following applies to them:

- in the 12 months immediately before the start of their holiday or business trip they had in-patient or day-patient treatment, or
- immediately before the start of their holiday or business trip they have a medical condition that still needs further investigations or where they are waiting for an operation or hospital treatment, or
- they are still under the care of their GP or specialist for any heart, stroke, cancer or psychiatric related conditions.

Dental Cover – then any dental treatment that’s planned or already taking place at the cover start date or which has been recommended in the 12 months immediately before the cover start date will not be eligible for benefit. This does not include routine examinations or routine scaling and polishing under Level 2 or 3 of the plan.

Health Cash Options – then the treatment of any pre-existing medical condition will not be eligible for the first 12 months of cover. This does not apply to benefits for optical care, dental care and, under Level 2 or 3 of the plan, accident admission and personal accident.

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 7. 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.

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

Please complete the whole form and send it to:

Standard Life Healthcare Limited, 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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2. Name(s) of Account Holder(s)

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3. Bank or Building Society account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

4. Branch Sort Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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)

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Date

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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.**

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

THIS GUARANTEE SHOULD BE DETACHED AND RETAINED BY THE PAYER

6 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 three 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.



7 Data protection

Data Protection Notice – Each insured member 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.

To be completed by intermediary/Appointed Representative

Intermediary name/AR name	<input type="text"/>	Int./AR code	<input type="text"/>
Agency code	<input type="text"/>	Consultant code	<input type="text"/>
		Branch code	<input type="text"/>