

Benenden Healthcare

Application Form for Voluntary membership (Employee plus Dependants)

This application form is for anyone who wants to take up Benenden Health membership, as part of a group scheme arranged by your employer. By completing and signing this form, you are agreeing to pay £15.50 per month for your Benenden Health membership through deductions from your pay.

You can also use this form to add family members (known as Dependants) to your membership. By doing so you are agreeing to pay an additional £15.50 per person per month for each Benenden Health membership through deductions from your pay.

When you join your Benenden Healthcare for Business scheme you have 60 days to add them to your membership. After 60 days, you can still add family to your membership, but they won't receive the same immediate access to services as you. They'll have:

- Immediate access to the following services: 24/7 GP Helpline, 24/7 Mental Health Helpline and Care Planning and Social Care Advice
- A wait of six months before they can request the following services: Medical Diagnostics, Physiotherapy, Mental Health Support, Cancer Support and Treatment of Tuberculosis
- Where they are resident in England, Wales or Scotland when joining, a wait of six months before they can request Surgical Treatment. Where they are a resident in Northern Ireland when joining, a wait of twenty four months before they can request Surgical Treatment.

Please take time to read the supplied Guide to Services and the Insurance Product Information Document (IPID) before you submit this form so that you fully understand how Benenden Health membership works, the services that are available and any significant exclusions.

* are mandatory

Your details

Title*	
Forename*	
Surname*	
Home address*	
	Postcode*
Date of birth* / /	Gender*
Email address*	
Telephone number*	
Staff ID	
Preferred membership start date 01 / /	

Your Dependants Details (please complete additional forms for multiple dependants)

Title*	
Forename*	
Surname*	
Home address*	
Postcode*	
Date of birth* / /	Gender*
Email address*	
Telephone number*	
Relationship to the above (Husband, wife, partner, son, daughter, mother or father)	
Preferred membership start date 01 / /	

Declaration

Important: please read this declaration carefully before signing and dating the completed form.

- By becoming a member of Benenden Health I agree to and any named Dependants will be agreeing to uphold the mutual values and ethos and to abide by Benenden Health rules
- I confirm that the information given in this form is true, accurate and complete
- Where I have provided information on behalf of any other person, I confirm that I have checked with them that the information is correct before completing this form and I have obtained their consent to provide their details to Benenden Health
- I understand that my personal data and the personal data of any person named on this form will be processed by Benenden Health for the purposes set out in Benenden Health's privacy notice on the website at benenden.co.uk/privacy-policy and confirm that I have shared this policy with any dependants named on this form
- I confirm that I and any named Dependants are resident of the UK at the point of joining
- I confirm that I have read and understood the Guide to Services and the Insurance Product Information Document (IPID) and that this product meets the demands and needs and is suitable for me and any named Dependants
- I confirm that I and any named Dependants have not received advice from Benenden Health
- I authorise the Organisation to make deductions for this benefit from my pay until further notice which will be paid to Benenden Health on behalf of myself and those Dependants named above that I have nominated to cover

Signature

Signature*	Date* / /
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Benenden Health is a trading name of The Benenden Healthcare Society Limited. Healthcare for Business is offered by The Benenden Healthcare Society Limited, which is an incorporated Friendly Society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, (Financial Services Register number 205351). Verify our registration at register.fca.org.uk. The remainder of the Society's business is undertaken on a discretionary basis. Registered Office: Holgate Park Drive, York, YO26 4GG.

At Benenden Health, we look after your details carefully and we adhere to the requirements of the UK Data Protection Act 2018. We are keen to keep you informed about how we use your information and have a 'Privacy Notice' which makes clear, in one place, what these uses are. The Privacy Notice also provides you with information about your rights. Our Privacy Notice is available at benenden.co.uk/privacy-policy or can be requested by calling us. Changes to the Privacy Notice are made occasionally, so please revisit our website and read it through again from time to time.