

I wish to take out a new policy  I wish to amend my existing cover  Existing policy n°

Please indicate cash plan level:

Payment per WEEK L1: £1.96/week  L2: £3.12/week  L3: £4.96/week  L4: £7.85/week

Payment per MONTH L1: £8.50/month  L2: £13.50/month  L3: £21.50/month  L4: £34/month

**Your Details** (\*mandatory field)

Title  Surname\*   
First Name(s)\*   
Date of Birth\*   
Address\*  Postcode\*   
Daytime Tel\*  Mobile   
Email Address\*

**Details of resident child(ren) to be covered**

Full name  Date of Birth   
Full name  Date of Birth   
Full name  Date of Birth   
Full name  Date of Birth

**Details of resident second adult(s) to be covered for the additional premium indicated**

Full name  Date of Birth   
Full name  Date of Birth   
Payment per WEEK L1: £1.96/week  L2: £3.12/week  L3: £4.96/week  L4: £7.85/week   
Payment per MONTH L1: £8.50/month  L2: £13.50/month  L3: £21.50/month  L4: £34/month

**Declaration**

I declare that I and all persons covered by this application are in good health and not receiving or needing any medical treatment. I understand that no claim will be accepted in respect of any conditions existing before membership and that I may need to give consent to access my medical records only if deemed necessary by the company. I agree to abide by the terms and conditions of membership and the right of the company to vary them and the range and rates of benefits/contributions if necessary.

Signature  Date



UK Healthcare™

Instruction to your bank or building society to pay by Direct Debit



Name and full postal address of your bank or building society

To: The Manager  Bank/building society   
Address   
  
Postcode

Service user number

6 9 7 7 6 1

Reference

Instruction to your bank or building society

Please pay UK Healthcare 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 UK Healthcare and, if so, details will be passed electronically to my bank/building society.

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

Signature(s)

Date



**UK Healthcare**™

*Looking after every body*

## **EVERYDAY PLAN**



### **Direct Debit Guarantee**

This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit UK Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request UK Healthcare to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit, by UK Healthcare or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when UK Healthcare asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

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### **PLEASE RETURN TO:**

**UK Healthcare  
Ground Floor  
Regent House  
Folds Point  
Folds Road  
Bolton  
BL1 2RZ**