

Additions

LARGE ORGANISATION HEALTH CASH PLAN



Application Form

Company name:

1. Personal details

Title (Mr/Mrs/Miss/Ms): Male Female

Forename(s): Other Prefer not to say

Surname: Date of birth:

Address:

Postcode:

Telephone: Email:

2. Partner details (If applicable)

Title (Mr/Mrs/Miss/Ms): Male Female

Forename(s): Other Prefer not to say

Surname: Date of birth:

Address: (if different from above)

Postcode:

Telephone: Email:

Tick here to confirm you have consent to provide us with your Partner's details.

3. Contact preferences

I am happy for Paycare to contact me about my policy using the following methods:

Email Post Telephone*

My partner is happy for Paycare to contact them about their policy using the following methods:

Email Post Telephone*

*please select at least one option in addition to telephone contact.

Notes

? Why do you need my gender and date of birth?

We need this in order to identify you and check eligibility for cover.

? Why do you need my contact details?

We need this in order to identify you and communicate with you. Please see **section 3** to manage your contact preferences.

? Why do you need my partner's gender and date of birth?

We need this in order to identify them and check eligibility for cover. We also use this data for anonymised internal data analysis.

? Why do you need my partner's contact details?

We need this in order to identify them and communicate with them. Please see **section 3** to manage their contact preferences.

? How and why are you going to contact me?

We will need to make contact with you for the purpose of administering your Paycare cover. Our preferred method of contact is email, and we will use this as default if no other preferences are set.

You can amend your contact preferences at any time at: paycare.org/my-paycare

Our Privacy Notice can be viewed at: paycare.org/site-map/privacy

4. Level of cover

What level of cover do you require?

I wish to join the plan selected and undertake to pay the premium required: (Tick one box only)

- Level 1:** £112 per week / £4.85 per month
- Level 2:** £2.28 per week / £9.87 per month
- Level 3:** £3.44 per week / £14.91 per month
- Level 4:** £4.64 per week / £20.11 per month
- Level 5:** £5.85 per week / £25.36 per month

I wish to enrol **my partner** on the plan selected and undertake to pay the premium required: (Tick one box only)

- Level 1:** £1.48 per week / £6.41 per month
- Level 2:** £2.96 per week / £12.81 per month
- Level 3:** £4.43 per week / £19.22 per month
- Level 4:** £5.90 per week / £25.57 per month
- Level 5:** £7.35 per week / £31.87 per month

5. Bank details

Bank:

Sort Code:

Branch:

Account Number:

6. Declaration

I declare, on behalf of everyone covered by this application, that all the information that I have given is, to the best of my knowledge and belief, accurate, true and complete. I have read and understand fully the Privacy Statement, IPID and Policy Documents and have had the opportunity to raise any queries with Paycare. I agree to abide by the Policy Rules.

Policyholder Signature:

Date:

7. Marketing preferences

- I would like to receive the **Paycare newsletter** and be the first to hear about exciting new developments about my Paycare plan, news about the communities Paycare supports and topical health and wellbeing tips.

8. Payment method

I hereby authorise the premium due to Paycare be paid via a:

- Weekly** or **Monthly** deduction from my pay, by an amount of:

£ for myself and £ for my partner (if applicable)

Full name:

- This is a change to my existing Paycare authority This is in addition to my existing Paycare authority

Policyholder Signature:

Date:

! Note to Payroll Team: Please make a copy of this payroll deduction for your records.

9. To be completed by HR/Payroll Team

Employer name:

Group No.

Payroll No.

Date deductions commence:



Why do you need my bank details?

We need this in order to pay claims into your bank account. Your bank details are stored safely and securely by Paycare.



How often will I receive the Paycare newsletter?

Our optional e-newsletter is sent on a monthly basis to keep you up to date with all the exciting things that Paycare is doing to support its people, policyholders and community. You are free to opt out at any time at: [paycare.org/my-paycare](https://www.paycare.org/my-paycare)



Why do you need my consent for payroll deductions?

We need this to enable your premiums to be taken by payroll deduction.



Why do you need my payroll number?

We need this to identify you with your employer.

What to do now?

Note to HR/Payroll team: please return to: policyadministration@paycare.org or post to: **Policy Administration Team, Paycare House, George St, Wolverhampton WV2 4DX**



Paycare

Everyday Health Cover since 1874

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