UK Healthcare
Looking after every body

APPLICATION FORM

University of Reading

I wish to take out a policy ☐ Existing policy no: (FAO: D Grimshaw)

Please indicate cash plan level:

	Level 1		Level2		Level 3		Level 4	
Payment per MONTH	£9.00	☐	£14.25	☐	£22.50	☐	£36.00	☐

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 (FREE OF CHARGE)

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

	Level 1		Level2		Level 3		Level 4	
Payment per MONTH	£9.00	☐	£14.25	☐	£22.50	☐	£36.00	☐

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.

UK Healthcare

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

DIRECT Debit

Name and full postal address of your bank or building society

To: The Manager — Bank/building society

Address

Postcode

Name(s) of account holder(s)

Branch sort code

Bank/building society account number

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.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

UK Healthcare™

Looking after every body

Everyday plan

DIRECT Debit

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.

PLEASE RETURN TO:

UK Healthcare
FREEPOST RRUY-CCHB-TSHU
Ground Floor
Regent House
Folds Point
Folds Road
Bolton
BL1 2RZ