

# HEALTH SHIELD COMPANY SPONSORED APPLICATION Please fill in and sign this application form

## Part A Personal Details (PLEASE USE BLOCK CAPITALS)

**1. Your details** Member number (if known)

I want to change my level of contribution  I want to add my children to my membership

Title (please circle) Mr, Mrs, Miss, Other

Surname

Forename(s)

Date of birth

Full postal address

Postcode

Employer's Name

Your Payroll Number

Daytime Telephone Number

Email Address

I want to be paperless, please send all my Health Shield membership information by email

## 2. Your partner's details (only fill in section 2 if you want cover for you & your partner)

Your husband, wife or any other person who lives with you as if you are married, no matter whether they are male or female

Surname

Forename(s)

Date of birth

## 3. Dependent children covered by your membership

(If you have more than two children please give their details on a separate sheet and provide it with your application).

Surname

Forename(s)

Date of birth

Surname

Forename(s)

Date of birth

## 4. Please fill in your chosen level of cover and indicate whether you require cover for you, or you and your partner

Level  You  You & partner

## PLEASE GO TO SECTION 6 IF YOU ARE APPLYING TO INCREASE YOUR LEVEL OF COVER WITHIN 30 DAYS OF YOUR ENROLMENT.

### 5. Medical history

Health Shield does not cover any pre-existing medical conditions that have arisen before the time of joining or increasing cover.

Examples of pre-existing medical conditions that may lead to the exclusion of certain benefits are as follows: diabetes, epilepsy, respiratory conditions (e.g. asthma), skin disorders (e.g. eczema, psoriasis), arthritis, heart problems (e.g. angina), circulatory problems (e.g. thrombosis), gynaecological disorders, digestive disorders (e.g. liver, bowel or stomach), kidney disorders, cancer, back/neck/shoulder problems, or mental or physical disability.

Have you (or your partner or dependent children where applicable) ever suffered from a medical condition?

YES If you tick the 'yes' box, we will send you a health declaration form to request further information.

NO By ticking the 'no' box, you declare that you (or your partner or dependent children where applicable) have not:

- received medication, advice or treatment
- experienced symptoms

for any disease, illness or injury, whether the condition has been diagnosed or not before the start of your cover.

### 6. Declaration

I agree to abide by the rules of membership described in Health Shield's memorandum and rules, the terms and conditions of my membership plan, and with regard to the policy summary document applicable to my scheme. I accept Health Shield's right to vary any of the rules and regulations it considers necessary, and that I will be informed of any changes applicable to my membership. I accept that Health Shield's benefits, benefit levels and contribution rates may also change in future years. I declare that all of the information I have provided is accurate, true and complete to the best of my knowledge and belief.

Your signature  Date

We'd love to keep you updated and send you more interesting content in the future. Please select your preferences below and if you would like to change your preferences at any point, you can do so on our website. Health Shield will always treat your personal information with the greatest care and never pass it on to other organisations for marketing purposes. For more information on how we process your personal data please refer to our Privacy Policy or contact us for a paper copy. Please tick the boxes below to tell us how you would prefer to hear from us:

By telephone  By email  By SMS  By post

IF YOUR COMPANY OFFERS HEALTH SHIELD TOP UPS VIA PAYROLL DEDUCTION FACILITIES, PLEASE FILL OUT PART C ONLY. IF YOU ARE PAYING FOR TOP UPS VIA DIRECT DEBIT PLEASE FILL OUT PART B ONLY.

## Part B Direct Debit (PLEASE USE BLOCK CAPITALS)

### Instruction to your Bank or Building Society to pay by direct debit

Please fill in the whole form and send it to: Health Shield, Crewe Business Park, Electra Way, Crewe, CW1 6HS

Bank / Building Society name

Bank / Building Society address

Postcode

Names(s) of Account Holder(s)

Bank / Building Society account number

Branch Sort Code

Service User Number

Reference

**For Health Shield Friendly Society's official use only**  
This is not part of the instruction to your bank or building society.

Choose your preferred direct debit monthly collection date

1st  7th  14th  21st

### Instructions to your Bank or Building Society

Please pay Health Shield Friendly Society Limited 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 Health Shield Friendly Society Limited and, if so, details will be passed electronically to my Bank / Building Society.

Your signature(s)

Date

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



## Part C Health Shield Payroll Deduction Authorisation (PLEASE USE BLOCK CAPITALS)

### 1. Your employer's details

Full name of your employer

Work location

Full postal address of pay centre

Postcode

I authorise you to deduct, and pay to Health Shield, the appropriate amount corresponding to my level of cover, or any other contribution that may later apply.

### 2. Please fill in your chosen level of cover and indicate whether you require cover for you, or you and your partner

Level  You  You & partner

I am paid: Weekly  Four-weekly  Monthly

This is a change to my previous Health Shield deductions Yes  No

Your full name

Your payroll number

Your signature  Date

### OFFICE USE ONLY

Member's payroll number  Total amount to be paid  Weekly  4-weekly  Monthly

Please return to: Health Shield Friendly Society Ltd, Electra Way, Crewe Business Park, Crewe, Cheshire, CW1 6HS.

01270 588555 | Opening hours: 8.00am to 6.00pm, Mon to Fri.

Health Shield Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

To ensure we're doing a good job, we may monitor or record calls.