

COMPANY SUBMISSION FORM

Please complete all sections and type into the boxes when at all possible.

Company name (in full)	<input type="text"/>		
Company name to appear on literature if different to above (only applicable to tailored schemes)	<input type="text"/>		
Company address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Telephone number	<input type="text"/>	Start date	<input type="text"/>
Company registration	<input type="text"/>		

Primary company contact who will administer the scheme

Additional portal users can be added on the next page (where applicable)

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>

Invoicing contact

(if different from above)

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>

Are employees paid weekly or monthly?

Weekly Monthly

Are Top Ups by Payroll or Direct debit?

Payroll D/D

Please read the [Terms and Conditions of service](#). You can also download a copy through the link.

By signing and returning this form (on behalf of my organisation); I agree to Health Shield Friendly Society processing and storing my data for the purposes of supplying a health cash plan and confirm that all the information provided here is correct; I confirm I have read, understood and accepted the Terms and Conditions.

Print full name	<input type="text"/>	Job title	<input type="text"/>
Signed	<input type="text"/>		
Date	<input type="text"/>		

ADDITIONAL PORTAL USERS

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>
Permission level			
Super User	Read only		

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>
Permission level			
Super User	Read only		

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>
Permission level			
Super User	Read only		

Name	<input type="text"/>	Job title	<input type="text"/>
Email address	<input type="text"/>	Direct line	<input type="text"/>
Permission level			
Super User	Read only		