

Benenden Healthcare for Business Application Form

The Group Secretary authorised by the Organisation should complete this Application Form, having read, and understood the accompanying Group Scheme Terms and Conditions, the Corporate Portal Terms and the Data Processing Terms where relevant.

Some of the words and phrases used on this Application Form have a specific meaning. For details of how we apply specific terms or descriptions please refer to the Glossary on pages 18 - 21 of the Group Scheme Terms and Conditions.

Once the Application Form has been signed and returned by you, and the application has been accepted by Benenden Health by the issue of a Group Scheme Certificate, an Initial Upload of Participants should be provided using our Corporate Portal, or by any other means that we may agree in advance.

1. About the Organisation

Organisation name

Trading name (if different)

Registered number (for a PLC, Limited Company or LLP only. For other entities such as Sole Traders, Partnerships or other organisations please provide a copy of your letterhead or VAT registration with this Application Form)

Registered address (for a PLC, Limited Company or LLP only. For other entities such as Sole Traders, Partnerships or other organisations please provide a copy of your letterhead or VAT registration with this Application Form)

Postcode

Correspondence address (if different)

Postcode

Contact phone number

Industry (e.g. Foodstuffs Manufacturer, Charity or Professional Services)

2. About the Group Scheme (please select one for each field)

Group Scheme type (please tick one only)

Eligible Participants only

Eligible Participants and Dependents

Funding basis Organisation Partial £ . funded per participants Voluntary

Payment frequency Monthly Quarterly Annually

Payment method BACS Standing order

3. About the Group Scheme (personal data)

Will other entities within your Organisation Group provide personal data to us?

Yes No

If Yes, please provide details below

Entity name

Registered address

Entity name

Registered address

4. Start Date

Group Schemes will always commence on the 1st of any month. Please provide the month in which you would like the Group Scheme to be set up and we will aim to meet your requirements where possible

Preferred Group Scheme Start Date 01 / mm / yyyy

5. Group Secretary details

Please provide the contact details of the person nominated by the Organisation as Group Secretary responsible to administer the Group Scheme

Title

Forename

Surname

Position held

Email address

Contact phone number

6. Scheme Administrator details

Please provide the contact details of the person nominated by the Organisation to manage the joiners and leavers

Title

Forename

Surname

Position held

Email address

Contact phone number

If more than one Scheme Administrator is required, please inform us by emailing sales.support@benenden.co.uk once you've received your Group Scheme Certificate.

7. Finance/accounts administrator details

Please provide the contact details of the person(s) nominated by the Organisation to receive invoices and manage payments for the Group Scheme

Title

Forename

Surname

Position held

Email address

Contact phone number

If more than one finance/accounts administrator is required, please inform us by emailing sales.support@benenden.co.uk once you've received your Group Scheme Certificate.

8. Intermediary (if applicable)

Please provide the contact details of any Intermediary appointed for and on behalf of the Organisation

Intermediary name

Contact Name

Email address

Contact phone number

9. Declaration by the Organisation

By signing and returning this Application Form the Group Secretary warrants and confirms on behalf of the Organisation that:

- a) all Participants of the Group Scheme
 - i. are resident in the UK at the point of joining;
 - ii. each Participant has been given the opportunity to choose to become a member of Benenden Health, having satisfied themselves that Benenden Health membership meets the demands and needs of someone who is looking for access to private healthcare services such as 24/7 GP and Mental Health Helplines, Physiotherapy, Medical Diagnostics, Medical Treatment and no advice has been provided by the Organisation to Participants; and
 - iii. understand that except for treatment for tuberculosis (which is provided on an insured basis), our services are provided on a discretionary basis that are subject to the resources we have available and, in some cases, can be dependent on a GP referral, NHS wait times and the type of treatment required;
- b) the decision by the Organisation to take up Benenden Healthcare for Business and by Participants to become members has been made independently of Benenden Health. No advice has been given by Benenden Health about the suitability for the Organisation of the Group Scheme, or for the Participant, to become members of Benenden Health.
- c) the Organisation will only supply Product Information to the Eligible Participants which has been provided by or approved by Benenden Health;

- d) the Organisation will collect and pay to Benenden Health the Premiums in accordance with the Group Secretary Terms and Conditions;
- e) it is the Organisation's responsibility to provide Participants with the Insurance Product Information Document and the Employee Booklet to inform them how their data will be used. The Organisation understands that the personal information provided as part of this Application Form, and that of the Participants as identified in the Initial Upload and Upload Updates, will be used to administer and manage the Group Scheme and that personal information may be shared with third parties where it is required. The Organisation also understands that Benenden Health may also share personal information with regulatory bodies, and any Intermediary appointed by the Organisation and named in section 8 of this Application Form;
- f) the Organisation understands that the way Benenden Health uses the personal information provided as part of this application for the Group Scheme and that of the Participants identified in the Initial Upload and Upload Updates is explained in the Privacy Notice which is published on the website at benenden.co.uk/privacy-policy;
- g) the Organisation will advise if there are any changes in the information given in this Application Form which occurs after the date of signing;
- h) to the best of the Organisation's knowledge and belief, the information provided has been checked and confirmed as being true and complete;
- i) the Group Secretary has authority to complete this Application Form on behalf of the Organisation and to bind the Organisation to the Group Scheme Terms and Conditions.

10. Signed on behalf of the Organisation

Name _____

Position held _____

Signature

Date
dd / mm / yyyy

For internal use only

D/P

LDS/BHT

P/F

Benenden Health is a trading name of The Benenden Healthcare Society Limited. Healthcare for Business is offered by The Benenden Healthcare Society Limited, which is an incorporated Friendly Society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, (Financial Services Register number 205351). Verify our registration at register.fca.org.uk. The remainder of the Society's business is undertaken on a discretionary basis. Registered Office: Holgate Park Drive, York, YO26 4GG.

At Benenden Health, we look after your details carefully and we adhere to the requirements of the UK Data Protection Act 2018. We are keen to keep you informed about how we use your information and have a 'Privacy Notice' which makes clear, in one place, what these uses are. The Privacy Notice also provides you with information about your rights. Our Privacy Notice is available at benenden.co.uk/privacy-policy or can be requested by calling us. Changes to the Privacy Notice are made occasionally, so please revisit our website and read it through again from time to time.

Full details on all products are available by contacting Benenden Health on 0808 256 2910 or by emailing salesupport@benenden.co.uk. No personal recommendation has been given on the suitability of this product, if in doubt you should seek independent advice.

Please note that your call may be recorded for our mutual security as well as for training and quality purposes. Lines are open 9am – 5pm Monday to Friday (except Bank Holidays).