

Please fill in the whole form using a BLACK BALL POINT PEN, in BLOCK CAPITALS and send to:
FREEPOST RTCC-YJUK-JLZB, Benenden Health, Holgate Park Drive, York, YO26 4GG.



This form is used for (please select one):

1. I am joining as a new member
2. I am an existing member starting to pay for my membership

1. Fill in your personal details

Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	
Surname	
Full forenames	
Address	
Postcode	
Date of birth dd / mm / yyyy	Gender <input type="radio"/> Male <input type="radio"/> Female
Email address	
Tel no. (mobile)	(home)
Membership no. (if applicable)	

Add family and friends – 1st person

Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	
Surname	
Full forenames	
Address	
Postcode	
Date of birth dd / mm / yyyy	Gender <input type="radio"/> Male <input type="radio"/> Female
Relationship to main member	
Email address	
Tel no. (mobile)	(home)
Membership no. (if applicable)	

Our Privacy Notice can be found at www.benenden.co.uk/privacy-policy or can be requested by calling us. This notice outlines how we will use your data and also allows us to undertake a number of activities, including email marketing about Benenden Healthcare. Tick here to object to this email marketing

In addition, if you would like to receive email/text communications about other products and services offered by Benenden, please tick here to consent

For more information about Benenden, please call us or visit www.benenden.co.uk/organisations

Add/remove family and friends – 2nd person

Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	
Surname	
Full forenames	
Address	
Postcode	
Date of birth dd / mm / yyyy	Gender <input type="radio"/> Male <input type="radio"/> Female
Relationship to main member	
Email address	
Tel no. (mobile)	(home)
Membership no. (if applicable)	

Add/remove family and friends – 3rd person

Title <input type="radio"/> Dr <input type="radio"/> Mr <input type="radio"/> Mrs <input type="radio"/> Miss <input type="radio"/> Ms	
Surname	
Full forenames	
Address	
Postcode	
Date of birth dd / mm / yyyy	Gender <input type="radio"/> Male <input type="radio"/> Female
Relationship to main member	
Email address	
Tel no. (mobile)	(home)
Membership no. (if applicable)	

2. Member declaration

I understand that all my nominations and associated contributions, including any that I currently have on my membership, shall continue in force until I notify The Benenden Healthcare Society Limited. I understand that by nominating the people above, my contributions will be amended to reflect the appropriate level of payment. I agree to uphold the mutual ethos and values and will keep to the rules of the Society. A copy of the rule book is available at www.benenden.co.uk. I agree to the terms of the Charitable Assignment agreement as detailed at www.benenden.co.uk/charitableassignment.

Signature	Date dd / mm / yyyy
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For Benenden Health use only

Membership number	Code WEBSITE	Pay ref.
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Please complete reverse

DASNEW

* Please note that your call may be recorded for our mutual security and for training and quality purposes. Lines are open 8am – 8pm Monday to Thursday and 8am – 5pm Fridays (except bank holidays).

Benenden Health is a trading name of The Benenden Healthcare Society Limited. The Benenden Healthcare Society Limited 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, FRN 205351. Verify our registration at register.fca.org.uk. The remainder of the Society's business is undertaken on a discretionary basis. The Society is subject to Prudential Regulation Authority requirements for prudential management. No advice has been given. If in doubt as to the suitability of this product, you should seek independent advice. Registered Office: The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.

Please ensure you complete the authorisation below

3. This authorisation cancels or updates any previous instructions to deduct from salary or pension for The Benenden Healthcare Society Limited.

National Insurance number.
(You may find this information on your pay or pension slip)

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Title	<input type="radio"/> Dr	<input type="radio"/> Mr	<input type="radio"/> Mrs	<input type="radio"/> Miss	<input type="radio"/> Ms
Surname					
First name					
Payroll, staff or pension number					
Pay centre					
Current employer					

Member declaration

I authorise the deduction from my pay or pension until further notice, the sum of

£

each week/month (delete as appropriate) which will be paid to Benenden Healthcare Society Limited on my behalf. I understand that if the standard contribution rate is varied in the future, this deduction for membership to Benenden Healthcare Society Limited shall be varied accordingly.

Remember the amount you enter here should cover EVERYONE on your membership, including your own membership contribution.

Please see below to work out your contribution rates.

Signature

Date dd / mm / yyyy

By signing this form you are agreeing that your pay/pension centre can share this information with us.

Important information

This discretionary product meets the demands and needs of someone who is looking for access to healthcare services such as Medical Diagnostics, Medical Treatment and Surgery, Physiotherapy, 24/7 GP and mental health helplines. Our services are provided on a discretionary basis and 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.

- Benenden Health is a trading name of The Benenden Healthcare Society Limited. Benenden Healthcare 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. The remainder of the Society's business is undertaken on a discretionary basis. Financial Services Register number is 205351. You can verify this information on the FCA's website at www.fca.org.uk/register.
- We are not a private medical insurer. We provide healthcare services on a discretionary basis, except treatment for TB, which is a contractual service.
- Membership is available to anyone over the age of 16 who is normally resident in the UK. Members can add friends and family to their membership regardless of their age.
- The cost of membership is reviewed annually in June and any increase agreed by our delegate conference is implemented the following year.
- Significant exclusions to our services are: appointments with dentists, opticians or complementary therapists; IVF treatment; breast, cosmetic, plastic, sterilisation, nerve, dental or maxillofacial surgery or surgery for transplants; surgery for arterial cardiac or complex orthopaedic problems.
- Some of our services have a six-month qualifying period.
- Service restrictions apply to members and nominated family and friends living outside the UK.
- Members and nominated family and friends must call our Member Services Team on 0800 414 8100* for prior authorisation to make sure we can support the help required.
- Members have 14 days from the day they receive their first membership pack and membership card after joining, to cancel their membership. If you do decide to cancel your membership, you can do so by writing to the Benenden Health Membership Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. Alternatively, you can email us at memberrelations@benenden.co.uk or call 0800 414 8480**. Please include your membership number in all correspondence. Cancellations beyond the 14-day cancellation period will not result in reimbursement of contributions already paid, unless you have paid your membership contribution annually in advance, in which case we will reimburse you the cost of the number of full months remaining on your annual payment.
- Membership will continue until such time as a member decides to cancel or until their membership contribution stops being paid. A member may cancel their membership at any time without incurring penalty charges. All cancellations will take effect, and payments will cease, at the end of the month in which the cancellation is received. If you have paid your

membership contribution annually in advance and wish to cancel your membership, your membership will cease at the end of the month in which we receive your cancellation and we will reimburse you the cost of the number of full months remaining on your annual payment.

- We do not provide advice to any new or existing member regarding the suitability or otherwise of Benenden Healthcare for that individual. If you are unsure about whether membership is suitable for you, you should seek independent advice.
- Members may become actively involved in how the Society is run by attending branch meetings.
- If you work or have worked as a civil servant you can choose which branch you belong to. If you belong to one of our national branches but would prefer to join a branch nearer home, you can transfer to a local branch. Or if you have been allocated to a local branch but would prefer to rejoin colleagues in a national branch, please let us know. You can e-mail thesecretary@benenden.co.uk or write to The Secretary, The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.
- If you wish to register a complaint about our service, please contact us. You can call us on 0800 414 8100*, email us at complaints@benenden.co.uk, or write to us at; Customer Complaints Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service. You can contact them at Financial Ombudsman Service, Exchange Tower, London, E14 9SR or call 0300 123 9 123. Calls are free from mobiles and landlines. www.financial-ombudsman.org.uk.
- Our staff are salaried and may receive an annual bonus but these are not directly dependent on you taking out Benenden Health membership.
- This summary does not contain comprehensive information about us and our services. Please refer to any additional information we have provided. Our Rulebook and our Guide to Benenden Healthcare are available on our website www.benenden.co.uk or on request by calling 0800 414 8100*.

How much will it cost?

Contribution rates	Monthly
Member only	£11.50
PLUS 1	£23.00
PLUS 2	£34.50
PLUS 3	£46.00

If you'd like to add more than three people to your membership simply call us on 0800 414 8470*.

Any questions just give us a call

 0800 414 8470*

 www.benenden.co.uk