Guide to completion

This form is for Corporate Members who want to pay for their family and friends by Direct Debit

Once you have filled in Part (A) of this form, please complete Part (B) (overleaf) with your Bank/Building Society details to pay by Direct Debit. Please make sure you have stated in Part (A) which employer you work for. Before returning your form, please take the time to read the following information.

Data Protection

We will treat any personal information you give us confidentially. We will record relevant data on our database.

We never give your personal details to anyone else for their marketing purposes. In order to provide services to you, your personal details, including clinical information, will be shared between the Society and its partners and healthcare providers.

When you have filled in Part (A) or Part (B), please return the whole form to us at our freepost address:

The Benenden Healthcare Society Limited
FREEPOST NEA16156
York
YO26 4ZB

If you would like to include more than six family or friends, we can send you another form. Just call us on **0845 052 5720**†.
You can email enquiries to us at **membership@benenden.org.uk**

Benenden® Healthcare Society

(A) Membership Form

The Benenden Healthcare Society Limited
Please fill in this form using a black pen and BLOCK CAPITALS.

Benenden® Healthcare Society

Your personal details

Please tick if you are already a Member: ☐

Surname:

First name:

Other initials: | Title: | Date of birth: (DD/MM/YYYY) | Sex: (Male/Female)

House Number or Name:

Street:

Town: | Postcode:

Telephone: (Home, inc STD) | Telephone: (Work, inc STD) | Work Ex:

Please complete if you are happy to receive email communications from Benenden Healthcare

Email address:

Email address continued | National Insurance number:

You may find this information on your pay or pension slip.

Please tick if you are happy to receive email marketing from the Society: ☐

Your family's/friends' details

Please give details of **everyone** you would like to include on your membership.

	Surname	Initials	Sex	Relationship to you	Date of Birth (DD/MM/YY)
+1					
+2					
+3					
+4					
+5					
+6					

Member's declaration

Name of current or former employer

To the best of my knowledge, I and the people named on this application form are eligible to be enrolled in the Society. I will keep to the rules of the Society. (Please ask us if you would like a copy of the rules.)

Signature: X

Date: (DD/MM/YY)

For Society use only | **Please Quote:**

Membership Number: | Pay Ref.: | Code: **WEB7**

Direct Debit Guarantee

The Benenden Healthcare Society Limited

Benenden Healthcare Society

Note: To make sure your membership request is not delayed, please return this completed form to:

The Benenden Healthcare Society Limited, FREEPOST NEA16156, York YO26 4ZB.

This Guarantee is offered by all Banks/Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.

If the amounts to be paid or the payment dates change, The Benenden Healthcare Society Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by The Benenden Healthcare Society Limited or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.

You can cancel a Direct Debit at any time by writing to your Bank or Building Society.

Please also send a copy of your letter to us.

Important: If you are applying for membership please fill in who you work/worked for in Section A. We check forms at random to make sure new applicants are eligible to join.

Contribution rates	Monthly	Quarterly	Yearly
Member only	FREE	FREE	FREE
Member +1	£6.50*	£19.50*	£78.00*
Member +2	£13.00*	£39.00*	£156.00*
Member +3	£19.50*	£58.50*	£234.00*
Member +4	£26.00*	£78.00*	£312.00*
Member +5	£32.50*	£97.50*	£390.00*
Member +6	£39.00*	£117.00*	£468.00*

Direct Debits are collected monthly, quarterly or yearly and it is important that you state which you prefer. Please tick.

Monthly ◯ Quarterly ◯ Yearly ◯

If you are transferring your contributions to Direct Debit you must confirm the date that contributions stop from your salary.

Date of final contribution from salary: Date: (DD/MM/YY)

*Prices quoted are for guideline purposes only. Actual payments may differ depending on date of joining.

Instruction to your Bank or Building Society to pay by Direct Debit

DIRECT Debit

Originator's identification: 850484

Names of account holder/s:

Branch sort code: – –

Account number of Bank or Building Society:

Instruction to your Bank or Building Society:

Please pay The Benenden Healthcare Society Limited a Direct Debit from the account detailed on this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with The Benenden Healthcare Society Limited and if so, details will be passed electronically to my Bank or Building Society.

Signature/s: X

Date: (DD/MM/YY)

For Society use only

Membership Number:

You can also join your family and friends by phone on **0845 052 5720**†. You'll need to have the following details ready:

- Your personal details (your membership number or your name and date of birth)
- Your family's or friends' personal details (their names, dates of birth, addresses and telephone numbers)
- Your bank details

Membership for Life

Did you know that once you've joined the Society you can stay with us for life? You do not have to cancel if you retire from, or leave one of the qualifying organisations.

†Calls cost a maximum of 4p per minute for BT customers. The price of calls from non-BT phone lines will vary. Calls may be recorded.

Benenden Healthcare membership is initially only available for current or former employees of the Post Office®, Civil Service, BT, and other public sector bodies. Some services have a six month qualifying period.

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 FSA. The remainder of The Society's business is undertaken on a discretionary basis. The Society is subject to FSA requirement for prudential management.

Benenden Healthcare Society

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