

# Benenden Healthcare Society

This form is for individual members wanting to **pay from salary or pension**. Please complete only one side of this form.

Please fill in the whole form using a **BLACK BALL POINT PEN**, in **BLOCK CAPITALS** and send to:

The Benenden Healthcare Society Limited  
FREEPOST NEA16156, Holgate Park Drive  
York YO26 4ZB

**This form is used for (please tick all that apply):**

Joining the Society  Adding or removing family and friends to your membership   
Setting up a new salary or pension payment instruction  Updating your personal details

## 1. Your personal details

Title:  Mr  Mrs  Ms  Miss Initials:

Date of birth:  DD /  MM /  YY Gender:  male  female

Surname:

First name:

Address:   
  
 Postcode:

Tel no. home:

Mobile:

Email:

Please tick the appropriate boxes if you are happy to receive information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

## 2. Add or remove family and friends

### 1st person (living at the same address)

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  DD /  MM /  YY Gender:  male  female

Relationship to you:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

### 2nd person (living at the same address)

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  DD /  MM /  YY Gender:  male  female

Relationship to you:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

### Family and friends who live at a different address

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  DD /  MM /  YY Gender:  male  female

Relationship to you:

Address:   
  
 Postcode:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone  (\*by ticking these boxes you are confirming that your nominee has consented to receive information about products and services from Benenden Healthcare Society and other companies in the Benenden Healthcare Group and carefully selected approved providers. Your nominee can opt-out at anytime.)

If you would like to add more people to your membership please call 0845 052 5731\*

## 3. Member declaration

You can join Benenden Healthcare if you have ever worked in the public sector or for an employer such as Royal Mail, BT and Building Societies. You are also eligible if you are employed by or are a member of a UK registered charity, cooperative or credit union. Please write in the box below how you are eligible e.g. 'Charity member':

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 Society. I understand that by nominating the people above, my contributions paid to the Society will be amended to reflect the appropriate level of payment. 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. A copy of the rule book is available at [www.benenden.org.uk/rulebook](http://www.benenden.org.uk/rulebook).

Signature:   Date:  DD /  MM /  YY

## 4. This authorisation cancels any previous instructions to deduct from wages, salary or pension for The Benenden Healthcare Society Limited.

Title:  Mr  Mrs  Ms  Miss Initials:

National Insurance no.   
You may find this information on your pay or pension slip.

Surname:

First name:

Payroll, staff or pension no.

Pay centre:

Department:

Current employer:

Each week:  £ . Each month:  £ .

Remember the amount you enter here should cover both the NEW and EXISTING people on your membership.

Contribution rates	Weekly	Monthly
Member only	£1.50	£6.50
Plus 1 family member or friend	£3.00	£13.00
Plus 2 family members or friends	£4.50	£19.50
Plus 3 family members or friends	£6.00	£26.00

**Member Declaration** I agree to the sum above being paid to the Society on my behalf. I also agree that if the standard contribution rate is varied in the future, the deduction from my wage, salary or pension for membership to the Society shall be varied accordingly.

Signature:   Date:  DD /  MM /  YY

## For Society use only

Membership number:  Payref:  Code: **WEBFORM**

\*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 available to current or former employees of the public sector, and other approved organisations whose aims and objectives are deemed compatible with those of the Society. Examples of such employers are the Post Office, Civil Service, BT, mutual organisations and not-for-profit organisations. Employees or members of approved UK-registered charities, co-operatives or credit unions are also eligible. 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. Registered Office: The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.

### Data Protection

The Society holds information about all its members under a registration with the Information Commissioner, in accordance with the Data Protection Act (1998). In order for the Society to provide services to its members it is necessary to share some of this information, including clinical information, between the Society and its partners and healthcare providers. By accessing the Society's services members are agreeing to this sharing of information. Please be aware, the Society and other organisations within the Benenden Healthcare Group and other carefully selected approved providers will never give your personal details to anyone else for their marketing purposes.

# Benenden Healthcare Society

This form is for individual members wanting to **pay by Direct Debit**. Please complete only one side of this form.

Please fill in the whole form using a **BLACK BALL POINT PEN**, in **BLOCK CAPITALS** and send to:

The Benenden Healthcare Society Limited  
FREEPOST NEA16156  
Holgate Park Drive  
York YO26 4ZB

## This form is used for (please tick all that apply):

- Joining the Society  Adding or removing family and friends to your membership   
Setting up/amending a Direct Debit instruction  Updating your personal details

## 1. Your personal details

Title:  Mr  Mrs  Ms  Miss Initials:

Date of birth:  /  /  Gender:  male  female

Surname:

First name:

Address:   
  
 Postcode:

Tel no. home:

Mobile:

Email:

Please tick the appropriate boxes if you are happy to receive information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

## 3. Direct Debit



### Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole of this form using a ball point pen and send to:  
The Benenden Healthcare Society Limited, FREEPOST NEA16156, York YO26 4ZB.

**FOR BENENDEN HEALTHCARE SOCIETY LIMITED OFFICIAL USE ONLY**  
This is not part of the instruction to your bank or building society.

Membership Number:

Service user number

8	5	0	4	8	4
---	---	---	---	---	---

Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
<input type="text"/>	
<input type="text"/>	
Postcode	
<input type="text"/>	

Name(s) of account holder(s)

Branch sort code

<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------

Bank/building society account number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Reference

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Instruction to your bank or building society

Please pay The Benenden Healthcare 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 The Benenden Healthcare Society Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Banks and building societies may not accept Direct Debit Instructions for some types of account.

A6 Instruction Form b DD16

## 2. Add or remove family and friends

### 1st person (living at the same address)

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  /  /  Gender:  male  female

Relationship to you:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

### 2nd person (living at the same address)

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  /  /  Gender:  male  female

Relationship to you:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone

### Family and friends who live at a different address

I'd like to ADD  REMOVE  (please tick):

Surname:

First name:

Date of birth:  /  /  Gender:  male  female

Relationship to you:

Address:   
  
 Postcode:

Please tick the appropriate boxes if you are happy to provide permission for us to contact your nominated friends/family with information about products and services from Benenden Healthcare Society  and other companies within the Benenden Healthcare Group and carefully selected approved providers  via the following channels\*:

Mail  Email  SMS (text)  Phone  (\*by ticking these boxes you are confirming that your nominee has consented to receive information about products and services from Benenden Healthcare Society and other companies in the Benenden Healthcare Group and carefully selected approved providers. Your nominee can opt-out at anytime.)

**If you would like to add more people to your membership please call 0845 052 5731\***

## 3. Member declaration

You can join Benenden Healthcare if you have ever worked in the public sector or for an employer such as Royal Mail, BT and Building Societies. You are also eligible if you are employed by or are a member of a UK registered charity, cooperative or credit union. Please write in the box below how you are eligible e.g. 'Charity member':

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 Society. I understand that by nominating the people above, my contributions paid to the Society will be amended to reflect the appropriate level of payment. 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. A copy of the rule book is available at [www.benenden.org.uk/rulebook](http://www.benenden.org.uk/rulebook).

Signature:   Date:  /  /

## For Society use only

Membership number:  Code:

This guarantee should be detached and retained by the payer.

## Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit, The Benenden Healthcare Society Limited will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request The Benenden Healthcare Society Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by The Benenden Healthcare Society Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when The Benenden Healthcare Society Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

