



## Choose your plan

Premiums include Insurance Premium Tax		Bronze		Silver		Gold		Platinum		Platinum Plus
<b>Solo Plan</b>	£ per month	<b>£6.95</b>	<input type="checkbox"/>	<b>£13.90</b>	<input type="checkbox"/>	<b>£22.25</b>	<input type="checkbox"/>	<b>£33.40</b>	<input type="checkbox"/>	<b>£41.75</b>
Cover for you and up to 4 dependent children	£ per week	<b>£1.60</b>		<b>£3.21</b>		<b>£5.13</b>		<b>£7.71</b>		<b>£9.63</b>
<b>Dual Plan</b>	£ per month	<b>£12.85</b>	<input type="checkbox"/>	<b>£25.70</b>	<input type="checkbox"/>	<b>£41.05</b>	<input type="checkbox"/>	<b>£61.20</b>	<input type="checkbox"/>	<b>£76.50</b>
Cover for you, your partner and up to 4 dependent children	£ per week	<b>£2.97</b>		<b>£5.93</b>		<b>£9.47</b>		<b>£14.12</b>		<b>£17.65</b>

## Personal information

Please tick one box only. Please enrol me in the Medicash plan  Please alter my level of cover

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Other <input type="checkbox"/>	Address
Surname	
Forenames	
Date of Birth	
Telephone Number	Postcode

## Communication preferences

By providing your email address you agree to receiving all communications from Medicash by email.

Email Address

## Your partner's details & dependent children

If you wish your partner and/or children to be covered, you must register their details below. Children must be dependent, under the age of 16 or 19 if in full-time education. On dual plans, your partner must reside permanently with you and also be under the age of 66 at the time of joining.

<b>Partner:</b> Forenames	Surname (if different)	Date of Birth
<b>Child 1:</b> Forenames	Surname (if different)	Date of Birth
<b>Child 2:</b> Forenames	Surname (if different)	Date of Birth
<b>Child 3:</b> Forenames	Surname (if different)	Date of Birth
<b>Child 4:</b> Forenames	Surname (if different)	Date of Birth

**I agree that:** No advice has been offered or provided to me by Medicash. Additional information is available to me on request, but I agree to making an application for cover based on the information I have. The plan will be automatically renewed on a monthly basis. The information I have provided is true and complete. I will abide by the terms and conditions in force throughout my membership and pay at the level and frequency indicated or such other amounts as may subsequently apply. Qualifying periods apply to the birth/adoption of a child benefit and to claims for hospital benefits that relate to a pre-existing condition. You will send me full terms and conditions with my welcome pack after joining.

### For office use only

Signature	Company	<input type="text"/>
	Policy Number	
Date	S	MJP
		M

## Payroll Deduction Authority

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

### Payroll details

Employer / Pension Company
Medicash Group Ref. No.
Payroll No.
National Insurance No. (Optional)

### Deductions from payroll are to be made

Weekly  4 Weekly  Monthly

### When will my policy start?

In the majority of cases your policy will start from the 1st of the following month from the date that Medicash receives your application. Occasionally, due to how your payroll is processed, this may not be the case. Please speak to your Medicash representative or payroll department if you have any questions regarding this.

I hereby authorise deductions by my employer or pension scheme of the amounts and frequency indicated above or such other amounts as may subsequently apply.

Signature
Date

## Have your claims paid back quicker...

Register for Direct Credit and get your claims paid directly into your bank account

If you wish for your payments to be paid directly into the bank, please enter your bank details below. If you have already provided these details then there is no need to fill them in again unless your details have changed.

Account Holders Name:
Account Number <input type="text"/>
Sort Code <input type="text"/>

We'd like to keep you up to date with the latest offers and product news. By submitting this application form you will be indicating your consent to receiving promotional material from Medicash, any subsidiary within the Medicash Group and from selected third parties, unless you have indicated an objection to receiving such material by ticking the boxes right.

### Please DO NOT contact me by:

Medicash	Email <input type="checkbox"/>	Post <input type="checkbox"/>	SMS <input type="checkbox"/>	All <input type="checkbox"/>
Medicash Group Subsidiaries	Email <input type="checkbox"/>	Post <input type="checkbox"/>	SMS <input type="checkbox"/>	All <input type="checkbox"/>
Selected Third Parties	Email <input type="checkbox"/>	Post <input type="checkbox"/>	SMS <input type="checkbox"/>	All <input type="checkbox"/>

Medicash is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

