Student Officer Application for membership of the *Philip Williams Bupa* Healthcare Scheme

Once you have completed the application form, please remember to sign and date it and then return it in the Freepost envelope provided, or to: Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW.
Telephone 01925 861 034. Lines are open 9am to 5pm Monday to Friday.

Please note: If you don't provide full details requested in this form (to the best of your knowledge and belief) we may terminate your cover or it may stop us from paying claims.

1 Your personal details

Title: *(Mr, Mrs, Ms, Miss, other title)*

Surname:

First name(s):

Address:

Postcode: Daytime telephone no:

Evening telephone no: Mobile telephone no:

Email address:

Date of birth: *(Day/Month/Year)*

Date of joining police force:

Force: Relationship to force *(if not a serving member):*

Are you an existing BUPA member or have you been a member of BUPA in the past? Yes/No *(Please delete)*

If Yes please give your BUPA membership number:

Cover Level Required

- ◯ Single
- ◯ Family
- ◯ Married/Couple
- ◯ Single parent family

Add dependants

If you are applying to add/delete dependants please give details below: Please note that cover is **not** free for dependants during the first 12 months.

Title, forename, initials, surname	Occupation If retired please state previous occupation	Add	Delete	Relationship to you (partner son/daughter etc)	Date of birth			Smoker?	
					Day	Month	Year	Yes	No
1									
2									
3									
4									

We will contact you within the next month to ask for details of the pastmedical history of your dependants regarding this scheme.

Philip Williams&Co INSURANCE MANAGEMENT

Bupa

Your legal declaration

Important: please read this declaration carefully before signing and dating the completed form.

1. I am applying for the BUPA LocalCare cover provided to members of the Philip Williams Bupa Healthcare Scheme. I agree that the terms of cover set out in the current membership guide relating to the BUPA LocalCare provided to members of the Philip Williams Bupa Healthcare Scheme will be binding on me, and accept they shall be the basis upon which benefits shall be payable under my cover. (The membership guide for your cover will be posted to you if we accept your application and is available on request.)
2. I declare that all the information given to BUPA for the purposes of receiving my quotation and being covered by BUPA and the information contained in this application for BUPA membership is and remains true and complete, to the best of my knowledge and belief, except to the extent I inform you otherwise when sending you this application for BUPA membership.
3. I agree to inform BUPA if any of the information. I have provided, or provide, changes at any time before cover starts.
4. I understand that if the information I provide or have provided to BUPA and the information in this application for BUPA membership contains any material gaps or omissions, BUPA may terminate my cover or benefits might not be payable. (A "material gap or omission" is a failure to provide any information about yourself that might influence our assessment or acceptance of your membership – such as terms of the cover we offer you, your subscription figure, or whether we offer cover at all). If you're unsure whether any particular fact is material or not, you should disclose it to us.
5. I understand and accept there is no undertaking to cover any medical conditions in existence before the time I am covered by BUPA.
6. I understand that I will have the option of cancelling my BUPA cover, as long as I do so in writing within 21 days of me receiving my membership certificate and no claims have been paid.
7. I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, for BUPA to process my personal information with respect to my membership.
8. I understand and accept that I will make payments of my subscription to Philip Williams & Company who is acting as a paying agent on behalf of BUPA.
9. I understand English Law applies to the agreement between me and BUPA, unless otherwise agreed between us in writing.
10. I understand that any agreement with BUPA to provide my BUPA cover is made on the basis of this legal declaration.

You are advised to keep a record of all information you supply to us in connection with your BUPA membership, including this application form and any letters. If you would like a copy of this form please ask us.

Signature	Date

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY DIRECT DEBITS

PLEASE COMPLETE SECTIONS 1 TO 5

Originators Identification Number

753294

1. Name & full postal address of your Bank or Building Society branch

To: The Manager

Bank or Building Society

Address

Postcode

2. Name(s) of account holder(s)

3. Branch sort code

4. Account number

5. Instruction to your Bank or Building Society

Please pay Philip Williams & Co Direct Debits from the account detailed in this instruction subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Philip Williams & Co and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Philip Williams & Co REF.

Banks and Building Societies may not accept Direct Debits for some types of accounts.

As a Student Officer member of the Philip Williams Bupa Healthcare Scheme, no premium will be deducted until week 52 of Service.

FOR OFFICE USE ONLY	Group No.	Accepted by BUPA	Date

For office use only

Date received: ____ / ____ / ____

Subscription quoted: £_____

Start date: _____

Agency No. 95182

BUPA LocalCare cover provided to members of the Philip Williams Bupa Healthcare Scheme is provided by BUPA Insurance Limited. Registered in England and Wales No 3956433#.
BUPA Insurance Services Limited. Registered in England and Wales No 3829851#.
Registered Office: BUPA House 15-19 Bloomsbury Way London WC1A 2BA.
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