

Cash Plan 100

Membership level changes for employees

Please read your membership guide in conjunction with your **welcome letter**, **table of cover** and **premium table** for the full terms of your cover. We recommend having them to hand when completing this form. Definitions of words and phrases highlighted in **bold italics** can be found in your membership guide.

Before you begin

Please complete this form using BLOCK CAPITALS and BLACK INK.

To change your **membership level**, please complete all sections of this form, read and sign the legal declaration and Direct Debit instruction and return it to **Bupa Cash Plan, Anchorage Quay, Salford Quays, Salford M50 3XL**.

If you have any queries, please call us on **0345 606 6003[†]**.

[†]We may record or monitor our calls.



1. Your membership level

The table below outlines the monthly and annual premiums associated with each *membership level* of your policy.

Please tick the appropriate box to indicate your chosen *membership level*.

Membership type	Individual*			Family*		
Membership level	Level 1	Level 2	Level 3	Level 1	Level 2	Level 3
Please tick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monthly premiums	£5.81	£11.57	£17.03	£11.22	£22.45	£33.67
Annual premiums	£69.72	£138.84	£204.36	£134.64	£269.40	£404.04

*Individual membership is for the *main member* only. Family membership is for the *main member*, your *partner* and up to four *child dependants*.

Premiums will be payable on a monthly basis. Annual premiums are shown for illustration purposes only.

Your premiums include Insurance Premium Tax (IPT). If the government changes the rate of IPT we reserve the right to amend your premiums from the date that the IPT rate change takes effect. We will notify you of this change. Please refer to your membership guide for more information on changes we can make.

2. Your personal details

Please complete sections 2, 2a and 2b with your details along with the details of any *named dependants* to be covered under your policy. Please see your membership guide for all relevant age and eligibility criteria.

To see how we use your information, please read our privacy notice, which can be found in your membership guide or at bupa.co.uk/privacy

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

First name(s)

Address

Postcode

Membership number

Date of birth Gender

Telephone number

Mobile number

Email address

2a. Your partner's details (if applicable)

Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other ☐

Surname

First name(s)

Date of birth Gender

2b. Your child dependants' details (if applicable)

Surname

First name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

 Gender

Surname

First name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

 Gender

Surname

First name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

 Gender

Surname

First name(s)

Date of birth

D

D

M

M

Y

Y

Y

Y

 Gender

3. Your legal declaration

This product is generally suitable for customers who are looking to cover the cost of a selected range of everyday healthcare expenses. We have not provided you with any advice regarding this policy and how it meets your individual needs or those of your *named dependants* (if applicable).

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

You understand that you must answer all questions honestly and to the best of your ability. We recommend you keep a copy of this form for your records. *Membership level* changes are subject to acceptance by *Bupa*.

Your declaration

I agree that I and my *named dependants* specified in this form will be bound by the terms and conditions of the policy and accept they shall be the basis upon which claims are payable (copies of the membership guide, *welcome letter*, *table of cover* and *premium table* were sent to me when I took out the policy and are available on request).

I confirm that my *named dependants* specified in this form meet the eligibility criteria specified in the membership guide.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any *named dependants* specified in this form, for *Bupa* to process our personal information with respect to our membership and I confirm that I have brought the *Bupa* Privacy Notice to the attention of these *named dependants*.

I declare that to the best of my knowledge and belief, all the information I have given in this form is true and complete and that I have confirmed the details with the respective *named dependants*. I agree that I will inform *Bupa* if any of the details given in this form change.

On the basis of this legal declaration I now apply to change my *membership level*. Terms and conditions apply (full terms of my cover can be found in my membership guide, *welcome letter*, *table of cover* and *premium table*).

Signature

Date

D	D	M	M	Y	Y	Y	Y
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4. Direct Debit instruction

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

Please complete the white areas in BLOCK CAPITALS and BLACK INK to instruct your bank to make payments directly from your account. Then return the completed form to: Bupa Insurance Limited, Anchorage Quay, Salford Quays M50 3XL



Service User Number

8	3	0	1	7	2
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1. Name and full postal address of your Bank or Building Society branch

To: The Manager

Bank or Building Society

Address

Postcode

3. Branch sort code

4. Bank or Building Society account number

5. Instruction to your Bank or Building Society

Please pay Bupa Insurance 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 Bupa Insurance Limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

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

Date

D	D	M	M	Y	Y	Y	Y
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Banks and Building Societies may not accept Direct Debit instructions for some types of account.

This guarantee should be detached and retained by the Payer.



The 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 Bupa Insurance Limited will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa Insurance 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 Bupa Insurance 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 Bupa Insurance 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.

Should you wish to cancel this instruction through Bupa Insurance Limited, please call us on 0345 606 6003[†]. You'll also need to contact your bank.

[†]We may record or monitor our calls.

5. Your right to cancel or end this agreement

We think you'll be delighted with your membership, but if for any reason you're not, you can end your membership without incurring a fee by speaking with the **sponsor**, calling us on **0345 606 6003**[†] or writing to us.

Your membership is provided under an **agreement** between **Bupa** and the **sponsor**. If you want to end your membership in full please speak with the **sponsor**.

We'll refund any premiums you have paid to us relating to the period after your membership ends. You'll also need to cancel your Direct Debit with your bank.

6. Confirmation of changes

We will confirm changes to your membership in writing. No change to your membership will be valid unless it is confirmed in writing by us. This written confirmation may come from **Bupa** via the **sponsor**.

[†]We may record or monitor our calls.

Bupa cash plan is provided by:

Bupa Insurance Limited. Registered in England and Wales No. 3956433. Bupa Insurance Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Arranged and administered by:

Bupa Insurance Services Limited, which is authorised and regulated by the Financial Conduct Authority.

Registered in England and Wales No. 3829851.

Registered office: 1 Angel Court, London EC2R 7HJ

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