

## **Membership Application Form**

Please complete the application and Direct Debit form in BLOCK CAPITALS.
Sign both forms and send them to: **Medicash, One Derby Square, Liverpool, L2 1AB**Or send via email to **technicaladmin@medicash.org** 

Solo Plan  Equation	Choose your plan											_			
Personal information	Premiums include Insurance Premium Tax	Bronze		Silver		Gold			Plat	inum		Platinu	m Plu	IS	
Personal information Please tick one box only. Please emril me in the Micicash plan   Please after my level of cover    Mr   Ma   Mas   Mas   Mas   Other   Pellicy. Number (If Known)    Address   Pellicy. Number (If Known)    Address   Potentiame    Date of Birth   Postback    Forensame   Postback   Postback   Postback    Forensame   Postback   Postback   Postback    Forensame   Postback   Postback   Postback   Postback    Forensame   Postback   Postback   Postback   Postback   Postback    Forensame   Postback   Postback   Postback   Postback   Postback   Postback    Forensame   Postback   Postback	Solo Plan	£ per month £6.95		£13.90		£22.2	25 [		£33	3.40		£41.7	5 [		
Mrs   Mrs   Mrs   Mrs   Mrs   Mrs   Other   Policy Number (France)  Surrame   Address    Date of Birth    Talephone Number   Policy & claims communication preferences by providing your amail address you agree to receiving all policy and claims related communications by email. Email Address    Your partner's details & dependent children    If you will you prime anoticy reliable to be covered, you must register their details below. Children must be dependent, under the age of 16 ar 19 if in full-lime education. On dual plans, your partner must registe permanently with you and also be under the age of 60 at the time of joining.  Partner Forerames   Sumane (if different)   Date of Birth    Child 1: Forerames   Sumane (if different)   Date of Birth    Child 2: Forerames   Sumane (if different)   Date of Birth    Child 3: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date of Birth    Child 4: Forerames   Sumane (if different)   Date	Dual Plan	£ per month £12.8	5	£25.70		£41.0	)5 [		<b>£6</b> 1	1.20		£76.5	0 [		
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Forerarms Date of Birth Telephoren Number Policy & Calims communication preferences by providing your email address you agree to receiving all policy and claims related communications by email.  Email Address  Your partner's details & dependent children Tyou with your partner and/or children to be covered, you must register their details below. Children must be dependent, under the age of 15 or 19 if in full-time education. On due plans, your partner and/or children to be covered, you must register their details below. Children must be dependent, under the age of 15 or 19 if in full-time education. On due plans, your partner and/or children to be covered, you must register their details below. Children must be dependent, under the age of 15 or 19 if in full-time education. On due plans, your partner and/or children to be covered, you must register their details below. Children to the good of 6 if the time of joining. Child 1: Forerarms  Sumarne (if different) Date of Birth Child 2: Forerarms  Sumarne (if different) Date of Birth Child 4: Forerarms  Sumarne (if different) Date of Birth Child 4: Forerarms  Sumarne (if different) Date of Birth Child 4: Forerarms  Sumarne (if different) Date of Birth Child 4: Forerarms  Sumarne (if different) Date of Birth Child 5: Forerarms  Sumarne (if different) Date of Birth Child 4: Forerarms  Sumarne (if different) Date of Birth Child 5: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 7: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if different) Date of Birth Child 6: Forerarms  Sumarne (if	Mr Mrs Miss Ms Other			Policy Number (If Known)											
Date of Birth Telephone Number  Policy & claims communication preferences: By providing your email address you agree to receiving all policy and claims related communications by email.  Final Address  Your partner's details. & dependent children  Now may now partner emailer of histories to be converted your 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.  Partner. Formanes  Surmane (if different)  Date of Birth  Date of Birth  Date of Birth  Child 3: Formanes  Surmane (if different)  Date of Birth  Child 3: Formanes  Surmane (if different)  Date of Birth  Legue that the state above effective or protest for only Medical, Additions inhered at the sealable to now consend but largest in motion as agriculture to one based on the interestic contributor to the same process and	Surname			Address											
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Direct Debit Mandate Instruction to your Bank or Building Society to pay by Direct Debit.  Service User No. 724706 Name(s) of Account Holder(s)  Bank/Building Society Account Number  Branch Son Code  We will automatically pay claims by direct credit to the account detailed above, unless you submit alternative details on the form below.  Banks and building Society accounts Please tick the box with the best Direct Debit collection date for you.  Day of the month: 7th 14th 21st Last working day  Name and full postal address of your Bank or Building Society  To: The Manager  Bank/Building Society  Address  Postcode  Instruction to your Bank or Building Society Please pay Medicant Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction subject to the indispands sharing the Direct Debits from the account detailed in this intrinsuction	Signature			For office use	only										
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Register for Direct Credit and get your claims paid directly into your bank account  Account details  Service User No. 724706  Name(s) of Account Holder(s)  Bank/Building Society Account Number  Branch Sort Code  We will automatically pay claims by direct credit to the account detailed above, unless you submit alternative details on the form below.  Banks and building societies nay one accept breet beau interactions for some types of accounts  Please tick the box with the best Direct Debit collection date for you  Day of the month: 7th 14th 21st Last working day  Name and full postal address of your Bank or Building Society  To: The Manager  Bank/Building Society  Address  Postcode  Instruction to your Bank or Building Society  Address  Postcode  Instruction to your Bank or Building Society Please pay Medicash Direct Debits from the account detailed in this instruction to your Bank or Building Society on the second details in the with our Privacy Policy which can be found at www.medicash.org/privacypolicy  Please keep me informed about Medicash's products and offers via:  Email SMS Please DO NOT send me information by Post Medicash is out their products and services by post. If you agree to your information about their products and services by post. If you agree to your information about their products and services by post. If you agree to your information about their products and services by post.	Date			S	CE 178	873 Uni	versity	of Ma	anche	ster					
above, unless you submit alternative details on the form below.  Banks and building societies may not accept Direct Debit Instructions for some types of accounts.  Please tick the box with the best Direct Debit collection date for you  Day of the month: 7th	Account details  Name(s) of Account Holder(s)  Bank/Building Society Account Number		706	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.											
above, unless you submit alternative details on the form below.  Banks and building societies may not accept Direct Debit Instructions for some types of accounts.  Please tick the box with the best Direct Debit collection date for you  Day of the month: 7th	We will automatically pay claims by direct credit to	the account detailed		Account N	umber						]				
Day of the month: 7th				Sort Code			] [		]		]				
Date	Name and full postal address of your Bank or Building Society  To: The Manager  Bank/Building Society  Address  Postcode  Instruction to your Bank or Building Society: Please pay Medicash 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 Medicash and, if so, details will be passed electronically to my Bank/Building Society			Medicash and our service partners will use the information supplied here to provide the benefits of this plan, process claims and prevent and detect fraud. This information may be shared with other insurance providers, police and enforcement agencies in the case of fraud. We will always process your personal data in line with our Privacy Policy which can be found at www.medicash.org/privacypolicy  Please keep me informed about Medicash's products and offers via:  Email SMS Please DO NOT send me information by Post We may occasionally like to share your information with other similar organisations so that they can send you information about their products and services by post. If you agree to your information being shared in this way, please tick this box											
	Date								///////////////////////////////////////			F                 F		2	



## The Direct Debit Guarantee

THIS GUARANTEE SHOULD BE RETAINED BY THE PAYER

This Guarantee is offered by all banks and building societies that accept instructions to pay  $\operatorname{Direct}$   $\operatorname{Debits}$ .

If there are any changes to the amount, date or frequency of your Direct Debit, Medicash Health Benefits Ltd will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Medicash Health Benefits Ltd 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 Medicash Health Benefits Ltd 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 Medicash Health Benefits Ltd 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.