CIGNA DENTAL PLAN

EMPLOYER'S PROPOSAL FORM

Name of Employer:

Business Address:	Registered Address (if different):
Postcode:	Tel. Number:

Names and Registered address of Subsidiary and Associated Employers (if to be included in this Plan):

Start Date:	Annual Renewal Date:
Company Contact:	Direct Tel No:

Categories of Membership (i.e. All staff, specific grades, length of service, etc.):

The Employer is bearing the cost of cover for: (Please tick)

Employee only ☐

Employee, spouse and all dependent children ☐

Employee and Spouse ☐

Plan Name:		Payment Type:		Payment Frequency:		Claims Payable to:	
Crystal	☐	Direct Debit	☐	Monthly	☐	Member	☐
Opal	☐	BACS	☐	Quarterly	☐	Claimant	☐
Pearl	☐	Cheque (annual only)	☐	Annually	☐		
Diamond	☐						

Membership List:
Please supply a full list of employees requiring cover (including dependants). This information should include:

Title, Surname, First Name, Full Address, Date of Birth, Gender and Level of Cover.
This may be supplied by paper ☐ or an electronic list ☐ (please tick box of type supplied).

Please complete and return this form to:

Sales Support Department, CIGNA HealthCare, 1 Knowe Road, Greenock, Scotland PA15 4RJ

BROKER OR AGENT STAMP
(to include address, contact and tel no)

ESSENTIAL HEALTH LTD
Tel: 01935 476667 Fax: 01935 476668
Web: www.essentialhealthltd.com
Email: dental@essentialhealthltd.com

I/We confirm that the above statements are true and complete.
I/We hereby propose to CIGNA Life Insurance Company of Europe S.A.-N.V. for a CIGNA Dental Plan to start on the Commencement Date and agree to abide by the terms of that Policy and in particular to pay on the due dates the premiums required under the terms of the Policy.

Signature (on behalf of proposing Employer)

Date:

CIGNA HealthCare & Group Life, 1 Knowe Road, Greenock, Scotland PA15 4RJ
CIGNA Life Insurance Company of Europe S.A.-N.V. Incorporated in Belgium with Limited Liability.
CIGNA European Services (UK) Limited. Registered in England No. 199739.
Registered Office: 64-68 London Road, Redhill, Surrey RH1 1LG
www.cigna.co.uk

Instruction to your Bank or Building Society to pay Direct Debits

Originator's Reference Number

Please fill in the whole form and send it to:

1. Name and 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
(from top right hand corner of your cheque)

4. Bank or Building Society account number

5. Reference number

6. Instruction to your Bank or Building Society. Please pay CIGNA International Direct Debits from the account detailed on this Instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this Instruction may remain with CIGNA International 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 type of account

DIRECT DEBIT GUARANTEE

- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid change or the payment dates change, you will be told of this in advance by at least (insert no, of days) as agreed.
- If an error is made by us or by your Bank/Building Society, you are guaranteed a full immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time, by writing to your bank or Building Society. Please also send a copy of your letter to us.