



NATIONAL DEPOSIT

Healthcare Deposit Account Moratorium Application Form

This application form is for Moratorium cover. By choosing this option, you don't need to give us any details of your medical history. However, if you have experienced, or have ever suffered the symptoms of, any health condition within the past five years, that condition will not be covered for at least the first two years of your membership.

After that, your cover may include the pre-existing condition – so long as you have no symptoms, medical advice or treatment for it during the first two-year period. If you do, then the two-year symptom-free period will start again from the date of your last consultation or treatment. This should never mean that you delay seeking medical advice. Your health always comes first.

Please complete this application in full and return it to National Deposit Friendly Society Limited, 4-5 Worcester Road, Bristol BS8 3JL. A copy of your completed application is available on request.

ACCOUNT HOLDER DETAILS (This should be the oldest adult applying)													
Title	Mr		Mrs		Miss		Other		Date of Birth				
First name							Marital Status	Married		Single		Civil Partnership	
Surname								Co-habiting		Divorced		Separated	
Address							Occupation						
								Postcode					
Daytime Tel. No.							Details of any residency abroad in the past five years						
Evening Tel. No.													
Email													

SPOUSE/PARTNER DETAILS (if applicable)									
Title	<input type="text"/>	Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

CHILDREN UNDER 21 YEARS LIVING AT THE ADDRESS ABOVE (if applicable)									
Title	<input type="text"/>	Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Title	<input type="text"/>	Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Title	<input type="text"/>	Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>
Title	<input type="text"/>	Full Name	<input type="text"/>	Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>	Male	<input type="checkbox"/>	Female	<input type="checkbox"/>

YOUR CHOICE OF ACCOUNT							
INDIVIDUAL	<input type="checkbox"/>	COUPLE	<input type="checkbox"/>	ONE PARENT + CHILDREN	<input type="checkbox"/>	COUPLE + CHILDREN	<input type="checkbox"/>

YOUR MONTHLY CONTRIBUTIONS																	
£20	<input type="checkbox"/>	£30	<input type="checkbox"/>	£40	<input type="checkbox"/>	£50	<input type="checkbox"/>	£60	<input type="checkbox"/>	£70	<input type="checkbox"/>	£80	<input type="checkbox"/>	£90	<input type="checkbox"/>	£100	<input type="checkbox"/>
PER MONTH		PER MONTH		PER MONTH		PER MONTH		PER MONTH		PER MONTH		PER MONTH		PER MONTH		PER MONTH	
Important Notes:										<p>If you're aged 49 or under, the minimum contribution is £20 a month for an individual and £40 a month for all other membership categories. If you're aged 50 or over, the minimum contribution is £50 a month for an individual and £80 a month for couples. Please see section 3 of 'Your policy explained' for further information.</p>							

INTERNAL USE		
Financial Consultant	Personnel Number	Exclusions
<input type="text"/>	<input type="text"/>	<input type="text"/>
Membership Number		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Completed and approved by	Date	Start date
<input type="text"/>	<input type="text"/>	<input type="text"/>
Signature		

BROKER USE	
Company	<input type="text" value="Essential Health Ltd (Yeovil)"/>
FSA Reference # (FRN)	<input type="text"/>
Individual Reference # (IRN)	<input type="text"/>
Advised Sale	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
Commission	YES <input type="checkbox"/> NO <input type="checkbox"/>

PERSONAL DEPOSIT ACCOUNT – ADDITIONAL MONTHLY PAYMENT

To boost your personal deposit account balance, you can increase the Direct Debit that's paying your fixed monthly contributions. If you would like to do so, please fill in the amount below.

I would like to make an additional monthly payment of £ into my personal deposit account.

Please see section 4 of 'Your policy explained' for further information.

EARLY YEARS TOP-UP OPTION

For added cover in the first five years of membership, while your deposit account balance is still growing, you can opt to pay an additional Early Years Top-up premium of £5 a month. This will give you an additional £20,000 of medical cover to call on, if you don't have enough money in your deposit account to meet your share of a claim.

If you would like to take the Early Years Top-up option and pay an additional £5 per month, please tick here

Please see section 3 of 'Your policy explained' for further information.

DATA PROTECTION AND CONFIDENTIALITY

National Deposit complies with the 1998 Data Protection Act. We will hold your information on computer, paper or any other appropriate form for as long as your application is being considered, the policy is in force and for an appropriate time after. We will not disclose it unless it is lawful to do so. This information may be passed to other companies for reinsurance arrangements and money laundering & fraud prevention.

If you would like to request a copy of the personal data we hold, please write to the Compliance Department at National Deposit, 4-5 Worcester Road, Clifton, Bristol BS8 3JL. We may charge a small fee for providing this information.

We may share this information with our group companies and other carefully selected third parties. We or they may contact you by post, email or telephone to keep you informed of products and services that may be of interest to you.

Please tick the box if you do not wish to be contacted by National Deposit, our group companies or carefully selected third parties.

DECLARATION

I would like to apply for a Healthcare Deposit Account and declare that:

- I am aware of the Deposit Principle and the importance of making payments to my personal deposit account, to ensure a sufficient balance is maintained to cover my requirements.
- I have read the 'Your policy explained' document.
- I have read all notes on Moratorium Underwriting and understand that pre-existing conditions will not be covered for two years after joining the plan, and only then if no symptoms have been experienced during that period.
- I understand that National Deposit will contact my GP and/or any medical treatment provider to process any claims I make.
- I agree that to the best of my knowledge and belief the information contained in this application is true and complete and I will advise you, in writing, of any change which affects this information.
- I understand that if I fail to disclose any relevant information, National Deposit may cancel the contract.
- I understand that my policy will begin when this application is accepted by National Deposit and the first monthly contribution has been paid.
- To comply with UK Money Laundering guidance I confirm that the Direct Debit account holder is either myself or, where applicable, the other named adult on this account.

Signed _____

Date _____

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



Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Post Code	

Originator's Identification Number

6	7	7	9	0	2
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Please pay National Deposit 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 National Deposit and, if so, details will be passed electronically to my Bank or Building Society.

Name(s) of Account Holders

Branch Sort Code

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Bank/Building Society Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Account Holder's Signature(s) X

Date X
