

Signature Healthcare

Application Form

Please complete and **RETURN THIS PAGE** to your Healthcare Adviser or post to Insure-For-Less Policy Management, FREEPOST 10972, Salford, Manchester M7 6ZU

Adviser Number _____ (office use only)

I would like to become a member of Signature Healthcare.

Title Mr/Mrs/Ms/Other _____ Date of Birth _____
Surname _____ First Name(s) _____
Address _____
Postcode _____
Tel. (in case of query) _____ Email _____

I also wish to apply for cover for my spouse/partner whose details are below, I have indicated the required level of cover by selecting their premium in box 'Adult 2'.

Title Mr/Mrs/Ms/Other _____ Date of Birth _____
Surname _____ First Name(s) _____
Tel. (in case of query) _____ Email _____

The following dependant children under the age of 18 are to be included in the plan(s).

Child 1. Full Name _____ Date of Birth _____
Child 2. Full Name _____ Date of Birth _____
Child 3. Full Name _____ Date of Birth _____
Child 4. Full Name _____ Date of Birth _____
Child 5. Full Name _____ Date of Birth _____

Membership Options (please tick) per Adult over 18, monthly premium(s) by Direct Debit.

Adult 1	Adult 2	ISIG1	Adult 1	Adult 2	ISIG2	Adult 1	Adult 2	ISIG3
<input type="checkbox"/>	<input type="checkbox"/>	Mini - £15.95	<input type="checkbox"/>	<input type="checkbox"/>	Midi - £26.95	<input type="checkbox"/>	<input type="checkbox"/>	Max - £37.50

Declaration: please read this declaration carefully before signing and dating

I would like to apply for membership of the Plan (for myself and any family members specified in this form) and have read (on my behalf and theirs) and understood the "keyfacts" summary of the main terms and conditions and the Statement of Demands and Needs. The premium selected is affordable and the benefit levels are suitable to my (or our) current insurance demands and needs in relation to this type of insurance. I (or we) agree to abide by the terms and conditions of membership contained in the Policy Documents which will be sent to me (or us) and it is understood that there are 14 days to consider them and cancel membership if not completely satisfied.

Signed _____ **Date** _____

Notice under the Data Protection Act 1998. By signing the declaration above you agree for yourself and any person included in the plan (to whose attention I have brought this notice) that the information you have provided and any further information you supply will be used to process your application, administer your policy and any claims which may be made, maintenance of records, and to carry out research, analysis and profiling. This information may be passed to selected third parties for underwriting and claims handling purposes and to detect and prevent fraud. We may share your details with our associated companies and other carefully selected organisations to send you information about other products and services which we believe may be of interest to you. If you do not wish us to do so you please indicate by ticking this box The Act entitles you to a copy of all information we hold about you. If you wish to view, receive a copy, or where necessary correct it, there is a charge of £10. Protego Group Limited is the data controller and is responsible for the data in relation to this application.

Direct Debit & Mandate (please complete)

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

Protego Group Ltd, Po Box 240, Manchester M7 4UD

Please fill in the whole of this form using a ball point pen.

 **DIRECT Debit**
Originator's Identification
Number **630475**

Bank/Building Soc. Name _____ Address _____

Name(s) of account holder _____

Sort Code _____ Account Number _____

Reference Number _____ (office use only)

INSTRUCTIONS TO PAY YOUR BANK OR BUILDING SOCIETY

Please pay Protego Group Ltd 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 Protego Group Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signed _____ **Date** _____

THE DIRECT DEBIT GUARANTEE

Please detach and retain this portion

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 or the payment dates change Protego Group Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If an error is made by Protego Group Ltd or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid. You can also cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to Protego Group Ltd.

 **DIRECT Debit**