



Please fill in the whole form using a BLACK BALLPOINT PEN, in BLOCK CAPITALS and send to: **FREEPOST RTCC-YJUK-JLZB, Benenden Health, Holgate Park Drive, York, YO26 4GG**

**This form is used for** (please select one):

- I am joining as a new member
- I am an existing member starting to pay for my membership

### 1. Fill in your personal details

Title Dr  Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_

Full forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth dd / mm / yyyy Gender Male  Female

Email address \_\_\_\_\_

Tel no. mobile \_\_\_\_\_

Tel no. home \_\_\_\_\_

Membership number (if known) \_\_\_\_\_

Our Privacy Notice can be found at [www.benenden.co.uk/privacy-policy](http://www.benenden.co.uk/privacy-policy) or can be requested by calling us. This notice outlines how we use your data and allows us undertake a number of marketing activities about Benenden Healthcare.

Tick here to object to marketing by email

Tick here to object to marketing by post

### Add family and friends 2nd person

Title Dr  Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_

Full forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth dd / mm / yyyy Gender Male  Female

Relationship to main member \_\_\_\_\_

Email address \_\_\_\_\_

Tel no. mobile \_\_\_\_\_

Tel no. home \_\_\_\_\_

Membership number (if known) \_\_\_\_\_

### Add family and friends 1st person

Title Dr  Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_

Full forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth dd / mm / yyyy Gender Male  Female

Relationship to main member \_\_\_\_\_

Email address \_\_\_\_\_

Tel no. mobile \_\_\_\_\_

Tel no. home \_\_\_\_\_

Membership number (if known) \_\_\_\_\_

### Add family and friends 3rd person

Title Dr  Mr  Mrs  Miss  Ms

Surname \_\_\_\_\_

Full forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Postcode \_\_\_\_\_

Date of birth dd / mm / yyyy Gender Male  Female

Relationship to main member \_\_\_\_\_

Email address \_\_\_\_\_

Tel no. mobile \_\_\_\_\_

Tel no. home \_\_\_\_\_

Membership number (if known) \_\_\_\_\_

### 2. Member declaration

I understand that all my nominations and associated contributions, including any that I currently have on my membership, shall continue in force until I notify The Benenden Healthcare Society Limited. I understand that by nominating the people above, my contributions will be amended to reflect the appropriate level of payment. I agree to uphold the mutual ethos and values and will keep to the rules of the Society.

A copy of the rule book is available at [www.benenden.co.uk](http://www.benenden.co.uk). I agree to the terms of the Charitable Assignment agreement, available at [www.benenden.co.uk/charitableassignment](http://www.benenden.co.uk/charitableassignment)

Signature	Date dd / mm / yyyy	<b>For Benenden Health use only</b>	
		Membership number	Code WEBSITE

Please complete reverse

\* Please note that your call may be recorded for our mutual security and for training and quality purposes. Lines are open (8am-8pm Monday to Thursday and 8am-5pm Fridays (except bank holidays). Please see our website for the most up to date opening times.

Benenden Health is a trading name of The Benenden Healthcare Society Limited. The Benenden Healthcare Society Limited is an incorporated Friendly Society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, FRN 205351. Verify our registration at [register.fca.org.uk](http://register.fca.org.uk). The remainder of the Society's business is undertaken on a discretionary basis. The Society is subject to Prudential Regulation Authority requirements for prudential management. No advice has been given. If in doubt as to the suitability of this product, you should seek independent advice. Registered Office: The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.

### 3. Instruction to your bank or building society to pay by Direct Debit



Please fill in the whole form and send to: **FREEPOST RTCC-YJUK-JLZB, Benenden Health, Holgate Park Drive, York, YO26 4GG**

Service User Number **8 5 0 4 8 4**

The Manager			Bank/Building Society		
Address					
				Postcode	
Name(s) of Account Holder(s)					
Branch Sort Code		Bank/Building Society Account Number		Reference	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

#### Instruction to your Bank or Building Society

Please pay The Benenden Healthcare Society 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 The Benenden Healthcare Society Limited, and, if so, details will be passed electronically to my Bank or Building Society.

Signature(s)	Date / / (DD/MM/YYYY)
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Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

This is not part of the instruction to your bank or building society and must be detached by The Benenden Healthcare Society Limited before submission to the paying bank.

#### Important information

This discretionary product meets the demands and needs of someone who is looking for access to healthcare services such as Medical Diagnostics, Medical Treatment and Surgery, Physiotherapy, 24/7 GP and mental health helplines. Our services are provided on a discretionary basis and are subject to the resources we have available and, in some cases, can be dependent on a GP referral, NHS wait times and the type of treatment required.

- Benenden Health is a trading name of The Benenden Healthcare Society Limited. Benenden Healthcare is offered by The Benenden Healthcare Society Limited, which is an incorporated friendly society, registered under the Friendly Societies Act 1992, registered number 480F. The Society's contractual business (the provision of tuberculosis benefit) is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. The remainder of the Society's business is undertaken on a discretionary basis. Financial Services Register number is 205351. You can verify this information on the FCA's website at [www.fca.org.uk/register](http://www.fca.org.uk/register).
- We are not a private medical insurer. We provide healthcare services on a discretionary basis, except treatment for TB, which is a contractual service.
- Membership is available to anyone over the age of 16 who is normally resident in the UK. Members can add friends and family to their membership regardless of their age.
- The cost of membership is reviewed annually in June and any increase agreed by our delegate conference is implemented the following year.
- Significant exclusions to our services are: appointments with dentists, opticians or complementary therapists; IVF treatment; breast, cosmetic, plastic, sterilisation, nerve, dental or maxillofacial surgery or surgery for transplants; surgery for arterial cardiac or complex orthopaedic problems.
- Some of our services have a six-month qualifying period.
- Service restrictions apply to members and nominated family and friends living outside the UK.
- Members and nominated family and friends must call our Member Services Team on 0800 414 8100\* for prior authorisation to make sure we can support the help required.
- Members have 14 days from the day they receive their first membership pack after joining, to cancel their membership. If you do decide to cancel your membership, you can do so by writing to the Benenden Health Membership Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. Alternatively, you can email us at [memberrelations@benenden.co.uk](mailto:memberrelations@benenden.co.uk) or call 0800 414 8480\*. Please include your membership number in all correspondence. Cancellations beyond the 14-day cancellation period will not result in reimbursement of contributions already paid, unless you have paid your membership contribution annually in advance, in which case we will reimburse you the cost of the number of full months remaining on your annual payment.
- Membership will continue until such time as a member decides to cancel or until

their membership contribution stops being paid. A member may cancel their membership at any time without incurring penalty charges. All cancellations will take effect, and payments will cease, at the end of the month in which the cancellation is received. If you have paid your membership contribution annually in advance and wish to cancel your membership, your membership will cease at the end of the month in which we receive your cancellation and we will reimburse you the cost of the number of full months remaining on your annual payment.

- We do not provide advice to any new or existing member regarding the suitability or otherwise of Benenden Healthcare for that individual. If you are unsure about whether membership is suitable for you, you should seek independent advice.
- Members may become actively involved in how the Society is run by attending branch meetings.
- If you work or have worked as a civil servant you can choose which branch you belong to. If you belong to one of our national branches but would prefer to join a branch nearer home, you can transfer to a local branch. Or if you have been allocated to a local branch but would prefer to rejoin colleagues in a national branch, please let us know. You can e-mail [thesecretary@benenden.co.uk](mailto:thesecretary@benenden.co.uk) or write to The Secretary, The Benenden Healthcare Society Limited, Holgate Park Drive, York, YO26 4GG.
- If you wish to register a complaint about our service, please contact us. You can call us on 0800 414 8100\*, email us at [complaints@benenden.co.uk](mailto:complaints@benenden.co.uk), or write to us at: Customer Complaints Team, Benenden Health, Holgate Park Drive, York, YO26 4GG. If you cannot settle your complaint with us, you may be entitled to refer it to the Financial Ombudsman Service. You can contact them at Financial Ombudsman Service, Exchange Tower, London, E14 9SR or call 0300 123 9 123. Calls are free from mobiles and landlines. [www.financial-ombudsman.org.uk](http://www.financial-ombudsman.org.uk).
- Our staff are salaried and may receive an annual bonus but these are not directly dependent on you taking out Benenden Health membership.
- This summary does not contain comprehensive information about us and our services. Please refer to any additional information we have provided. Our Rulebook and our Guide to Benenden Healthcare are available on our website [www.benenden.co.uk](http://www.benenden.co.uk) or on request by calling 0800 414 8100\*.

#### How much will it cost?

Contribution rates	Monthly
Member only	£11.90
<b>PLUS 1</b>	£23.80
<b>PLUS 2</b>	£35.70
<b>PLUS 3</b>	£47.60
If you'd like to add more than three people to your membership simply call us on 0800 414 8470*.	

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, The Benenden Healthcare Society Limited will notify you five working days in advance of your account being debited or as otherwise agreed. If you request The Benenden Healthcare Society 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 The Benenden Healthcare Society 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 The Benenden Healthcare Society 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.

