

Moratorium application form

Healthcare Deposit Account

Moratorium cover is the easiest way of applying for private medical insurance for the first time, especially for people who are generally well and have no pre-existing conditions.

- You can use this form to apply for a Healthcare Deposit Account if you're between 18-70.
- There is room for 2 adults to apply, but each adult will have their own individual plan.
- You can include up to 5 of your children on this form. You have the choice to cover them all on one policy, or on individual policies.
- You don't need to give any details of your medical history but we automatically exclude any pre-existing conditions for which you have received treatment and/or medication, or asked advice on, or had signs or symptoms of (whether or not diagnosed) during the five years immediately before your cover started.
- If you have no further signs or symptoms, treatment or medication during the first two-year period, your cover will then include the pre-existing condition. If you do have any of these, then the two-year symptom-free period will start again from the date of your last consultation or treatment.
- Alternatively, to be sure whether or not we can cover any past or current conditions, please apply using the Full Medical Underwriting application form. For more information please speak to your healthcare intermediary.

Please complete this application form in BLOCK CAPITALS and either return it in the freepost envelope provided or send to: National Friendly, Freepost (SW 3073), Bristol BS8 3BR.

If you have any questions, or require alternative or additional application forms please call us on

0800 195 9245

(8am-6pm weekdays, calls are recorded for quality purposes)

Healthcare Deposit Account

Moratorium application form

1 1st adult applicant

Title	Full name							
Address								
					Postcode			
Daytime tel.			Email					
Date of birth	D	D	M	M	Y	Y	Male <input checked="" type="checkbox"/>	Female <input checked="" type="checkbox"/>

Choice of cover

Monthly premium £

When completing this section, you may find it helpful to refer to the premium table on the back page.

Payments will be taken on the 1st of each month and you will be covered as soon as we have processed your application.

Alternatively, please provide your preferred cover start date.

Top-up cover

Our compulsory top-up gives you immediate cover from day one. This allows you to make a claim early on, if your balance is too low to cover your share of each claim.

Please choose which level you'd like: £11 a month £16.50 a month £22 a month

Additional monthly deposits

To boost your personal deposit account balance, you can set up an extra monthly direct debit or make a lump sum payment at any time. To set up an extra direct debit from the moment your policy starts, please enter the amount you'd like to add each month. £

2 Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a ball point pen and send to: National Friendly, 4-5 Worcester Road, Clifton, Bristol BS8 3JL.

Name and full postal address of your bank or building society.

To: The Manager Bank/Building Society

Address

Postcode

Service user number

6 7 7 9 0 2



Reference

FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society

Instruction to your bank or building society

Please pay National Deposit Friendly Society 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 National Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

X

Date

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

DDI17

Banks and building societies may not accept Direct Debit instructions for some types of account. 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 National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society 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 National Deposit Friendly Society 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 National Deposit Friendly Society 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.

3 2nd adult applicant (if applicable)

Title	Full name
Address (if different to 1st applicant)	
Postcode	
Daytime tel.	Email
Date of birth	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>

Choice of cover

Monthly premium £

When completing this section, you may find it helpful to refer to the premium table on the back page.

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Name and full postal address of your bank or building society.

To: The Manager	Bank/Building Society
Address	
Postcode	

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Service user number

6 7 7 9 0 2



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Signature(s)

X

Date

DDI7

Banks and building societies may not accept Direct Debit instructions for some types of account.
This Guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



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5 Children under 18 years living with adult applicant (if applicable)	Adult account holder
First name(s) <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	Please indicate the adult applicant acting as the account holder 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/>
First name(s) <input type="text"/> Surname <input type="text"/> Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>	Please indicate the adult applicant acting as the account holder 1st <input checked="" type="checkbox"/> 2nd <input checked="" type="checkbox"/>
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<p>I wish to cover each of my children on:</p> <p><input checked="" type="checkbox"/> separate plans <input checked="" type="checkbox"/> one plan at the following fixed monthly premium £ <input type="text"/></p> <p>Top-up cover £11 a month <input checked="" type="checkbox"/> £16.50 a month <input checked="" type="checkbox"/> £22 a month <input checked="" type="checkbox"/> Additional monthly deposits £ <input type="text"/></p>	

6 Data protection and confidentiality

National Friendly complies with the 1998 Data Protection Act, 1988 Access to Medical Reports Act and the 1990 Access to Health Records Act. We will treat the information you provide as confidential and hold it 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 may share this data with other relevant organisations so that we can set up and run your Healthcare Deposit Account, validate claims and prevent fraud and money laundering. We will not disclose it unless it is lawful to do so. For the purposes of data protection law, National Friendly is the data controller. If you would like a copy of the personal data we hold, please write to the Compliance Department at National Friendly, 4-5 Worcester Road, Clifton, Bristol BS8 3JL. We may charge a small fee for providing this information.

Please tick this box if you do not wish to receive information from National Friendly or its subsidiary companies on products and services that may be of interest to you.

7 Declaration

The 'Your Policy Explained' document forms the terms and conditions upon which National Friendly intend to rely. For your own benefit and protection, you should read it carefully before signing. If you do not understand any point, please ask for further information.

As the Account holder I would like to apply for a National Friendly Healthcare Deposit Account and declare that:

- Anyone covered on this policy(ies) is a UK resident.
- I will be the owner of the Healthcare Deposit Account(s) and responsible for the actions of anyone on the policy(ies).
- I understand the rules on pre-existing conditions.
- I understand that National Friendly 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 provided is true and complete and I will let you know of any changes to this information, in writing.
- I confirm that if this application has been completed by someone else, it was done so at my request.
- I understand that my policy(ies) will begin when this application is accepted and issued by National Friendly.

Signature of 1st applicant **Date**

Signature of 2nd applicant **Date**

BROKER USE ONLY

Company

FSA Reference # (FRN)

Individual Reference # (IRN)

Advised Sale

YES

NO

Your monthly premium

You may find it helpful to refer to this table when completing your application.

Your premium							Your cover			
5 year fixed monthly premium based on your joining age							10 year top-up premium	Maximum annual cover	10 year top-up cover	NHS payments
Age	0-17	18-29	30-49	50-60	61-64	65-70				
£11	✓	X	X	X	X	X	Either £11, £16.50 or £22 each month	£5,000	Either £30,000, £45,000 or £60,000	£50 for a child, £150 for an adult. Maximum 10 cash back payments.
£22	✓	X	X	X	X	X		£10,000		
£33	✓	✓	X	X	X	X		£15,000		
£44	✓	✓	✓	X	X	X		£20,000		
£55	✓	✓	✓	✓	X	X		£25,000		
£66	✓	✓	✓	✓	✓	X		£30,000		
£77	✓	✓	✓	✓	✓	✓		£35,000		
£88	✓	✓	✓	✓	✓	✓		£40,000		
£99	✓	✓	✓	✓	✓	✓		£45,000		
£110	✓	✓	✓	✓	✓	✓		£50,000		
£132	✓	✓	✓	✓	✓	✓		£60,000		
£154	✓	✓	✓	✓	✓	✓		£70,000		
£165	✓	✓	✓	✓	✓	✓		£75,000		
£220	✓	✓	✓	✓	✓	✓	£100,000			

Premiums are also available at £11 increments from £110 to £220. Listed premiums inclusive of Insurance Premium Tax at the current rate.

For extra information on this product or to request a copy in Braille, large print or audio please call us on:

0800 195 9245

(8am-6pm weekdays, calls are recorded for quality purposes)

Email enquiries@nationalfriendly.co.uk



National Friendly
Registered office: 4-5 Worcester Road, Clifton, Bristol BS8 3JL.
Tel: 0117 973 9003 Fax: 0117 980 9358 Email: enquiries@nationalfriendly.co.uk

National Friendly is the trading name of National Deposit Friendly Society Limited.
Incorporated and registered friendly society no. 369F.
Authorised and regulated by the Financial Services Authority. Registration no. 110008.

www.nationalfriendly.co.uk

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