

# Switching provider application form

## Healthcare Deposit Account

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**Please complete this application form if:**

- You wish to switch from your current private medical insurance provider to National Friendly's Healthcare Deposit Account, and
- You are aged between 18-70.

For guaranteed acceptance you need to be able to answer 'No' to just 4 simple questions and provide us with a copy of your certificate of insurance. This can be supplied by your current insurer.

**Please note:**

- You can only switch people already covered under your existing policy. Any new applicants will need to complete a separate application form which is available on request by ringing the number below.
  - If you're switching your partner they'll be given their own individual policy.
  - You can also include up to 5 children on this form. You have the choice to cover them all on one policy, or on individual policies.
- You need to tell us if your current provider applied any additional exclusions based on your health and submit your certificate of insurance showing the full terms of acceptance. We will then continue any exclusions placed on your account. Any exclusions we apply (conditions we won't cover) will be listed on your policy schedule.

**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.**

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**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

## Switching provider application form

### 1 1st adult switch 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

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

Monthly premium £

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

Alternatively, please provide your preferred cover date.

#### Top-up cover

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

Please choose which level you'd like: £10 a month  £15 a month  £20 a month

#### Optional payments into your personal deposit account

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. £

### 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	

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Service user number



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

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



- 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.

## 2 2nd adult switch 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

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

Monthly premium £

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

Alternatively, please provide your preferred cover date. D D M M Y Y

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Please choose which level you'd like: £10 a month  £15 a month  £20 a month

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Name(s) of account holder(s)

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Branch sort code

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6 7 7 9 0 2

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**3 Children under 18 years living with adult applicant (if applicable)** **Adult account holder**

Full name

Date of birth  Male  Female

Please indicate the adult applicant acting as the account holder

1st  2nd

Full name

Date of birth  Male  Female

Please indicate the adult applicant acting as the account holder

1st  2nd

Full name

Date of birth  Male  Female

Please indicate the adult applicant acting as the account holder

1st  2nd

Full name

Date of birth  Male  Female

Please indicate the adult applicant acting as the account holder

1st  2nd

Full name

Date of birth  Male  Female

Please indicate the adult applicant acting as the account holder

1st  2nd

**I wish to cover my children on:**

separate plans  one plan at the following fixed monthly premium

**Top-up cover**  **£10 a month**  **£15 a month**  **£20 a month**  **Additional monthly deposits**

**4 Health questionnaire - 4 simple questions**

- Please answer the following questions. They apply to you and any other applicant named on this form:
1. Have you, or any other named applicant, received out-patient, day patient, or in-patient treatment in the last 3 years for cancer or heart related conditions? Yes  No
  2. Have you, or any other named applicant, made one single medical insurance claim in the last 2 years that has exceeded £5,000? Yes  No
  3. Are you, or any other named applicant, currently receiving medical treatment\* as a result of a visit to a consultant? (\*Treatment defined as medication, consultations or consultant check-ups) Yes  No
  4. Do you, or any other named applicant, have any planned appointments with a consultant? Yes  No

If you answer 'Yes' to any of these questions, please give full details below. Please continue on extra pages if necessary, clearly stating which question your answer relates to and attach the additional pages to this form when complete. Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.

Name	Height	Weight
Condition/symptom		
Investigations/treatment		
Date they became aware of the condition/symptom	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of last visit
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Present state of health/details of ongoing treatment		
<input type="text"/>		

# Healthcare Deposit Account

## Switch application

### 4 Health questionnaire – 4 simple questions (continued)

Name	Height	Weight
Condition/symptom		
Investigations/treatment		
Date they became aware of the condition/symptom	<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Date of last visit
<input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/>		
Present state of health/details of ongoing treatment		
<input type="text"/>		

Please enclose extra pages if you need more room to write. Number of extra pages

### 5 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.

### 6 Declaration

The 'Your Policy Explained' document form 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.

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 else on the policy(ies).
- I agree to National Friendly using any medical and health information provided, for each of the names on this application, to underwrite and administer this policy.
- I, and anyone else on this application, am/is prepared to attend a medical examination paid for by National Friendly if needed.
- I understand the importance of making additional payments into my personal deposit account.
- 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 if I fail to provide any relevant information National Friendly may cancel the policy(ies).
- I understand that my policy(ies) will begin when this application is accepted and issued by National Friendly.

Signature of 1st applicant

X

Date

Signature of 2nd applicant

X

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	Annual cover	10 year top-up cover	NHS payments
Age	0-17	18-29	30-49	50-60	61-64	65-70				
£10	✓	X	X	X	X	X	Either £10, £15 or £20 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.
£20	✓	X	X	X	X	X		£10,000		
£30	✓	✓	X	X	X	X		£15,000		
£40	✓	✓	✓	X	X	X		£20,000		
£50	✓	✓	✓	✓	X	X		£25,000		
£60	✓	✓	✓	✓	✓	X		£30,000		
£70	✓	✓	✓	✓	✓	✓		£35,000		
£80	✓	✓	✓	✓	✓	✓		£40,000		
£90	✓	✓	✓	✓	✓	✓		£45,000		
£100	✓	✓	✓	✓	✓	✓		£50,000		
£120	✓	✓	✓	✓	✓	✓		£60,000		
£140	✓	✓	✓	✓	✓	✓		£70,000		
£150	✓	✓	✓	✓	✓	✓		£75,000		
£200	✓	✓	✓	✓	✓	✓	£100,000			

Premiums are also available at £10 increments from £100 to £200. Listed premiums inclusive of Insurance Premium Tax at 5%.

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**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

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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](http://www.nationalfriendly.co.uk)

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