

Membership Form

Please complete the application form and the Direct Debit mandate in BLOCK CAPITALS using a black ballpoint pen. Sign both forms and send them to:

Medicash, FREEPOST LV6282, Liverpool L2 6BR

Premiums include
Insurance Premium Tax

Solo Plan
per month

Dual Plan
per month

Bronze	£6.50 <input type="checkbox"/>	£12.00 <input type="checkbox"/>
Bronze Plus	£10.40 <input type="checkbox"/>	£19.15 <input type="checkbox"/>
Silver	£13.00 <input type="checkbox"/>	£24.00 <input type="checkbox"/>
Silver Plus	£15.60 <input type="checkbox"/>	£28.70 <input type="checkbox"/>
Gold	£20.80 <input type="checkbox"/>	£38.35 <input type="checkbox"/>
Gold Plus	£26.00 <input type="checkbox"/>	£48.00 <input type="checkbox"/>
Platinum	£31.20 <input type="checkbox"/>	£57.20 <input type="checkbox"/>
Platinum Plus	£39.00 <input type="checkbox"/>	£71.50 <input type="checkbox"/>

Personal Information

Please tick one box only. Please enrol me in the Medicash plan

Please alter my level of cover

Membership No.		Address	
Title: Mr / Mrs / Miss / Ms / Other			
Surname		Postcode	
Forename(s)		Telephone No.	
Date of Birth	E-mail		

Your partner's details

If you wish your partner to be covered you must register their details below. On dual plans, your partner must reside permanently with you and also be under the age of 66 at the time of joining.

Surname (if different)	
Forename(s)	Date of Birth

Your dependent children's details (excludes Medicash Vitality)


If you wish your children to be covered, you must register their details below. Children must be dependent and under the age of 16 or 19 if in full-time education.

Child 1 Forename(s)	Child 3 Forename(s)
Surname (if different)	Surname (if different)
Date of Birth	Date of Birth
Child 2 Forename(s)	Child 4 Forename(s)
Surname (if different)	Surname (if different)
Date of Birth	Date of Birth

I agree that:

No advice has been offered or provided to me by Medicash. Additional information is available to me on request, but automatically renewed on a monthly basis. The information I have provided is true and complete. I will abide by the terms and conditions in force throughout my membership and pay at the level and frequency indicated or such other amounts as may subsequently apply. I confirm that anyone intended to be covered at a higher level is not receiving or expecting to receive a consultation or treatment. Birth of a child is excluded from cover at the higher rate during the first 12 months from an increase in my level of cover, as are Pre-existing conditions for Hospital Inpatient and Daycase stays.

For Office Use Only

Signature 	Company	
Date	S	M

Don't forget –

Please also complete either the payroll deduction form or Direct Debit mandate and send them to:
Medicash, FREEPOST LV6282, Liverpool L2 6BR

Paying by Direct Debit?

Call us now on 0151 702 0203 to set up your account over the phone.

Telephone calls may be recorded or monitored for training purposes.



Payroll Deduction Authority

Instruction to your employer to pay from your payroll.

Please complete **either** the payroll deduction form
or Direct Debit mandate below.

Please tick one box only

Please enrol me in the Medicash plan

Please alter my level of cover

Title: Mr / Mrs / Miss / Ms / Other

Surname

Forename(s)

Name of Employer / Pension Company

Department or Branch

Company Address

Postcode

Address of Paying Office (if different from address above)

Address

Postcode

Deductions from payroll are to be made:

Weekly

4 Weekly

Monthly

from my

Wages

Salary

Pension until further notice

Premiums include Insurance Premium Tax	Solo Plan		Dual Plan	
	per month	weekly equivalent	per month	weekly equivalent
Bronze	£6.50	<input type="checkbox"/> (£1.50)	£12.00	<input type="checkbox"/> (£2.77)
Bronze Plus	£10.40	<input type="checkbox"/> (£2.40)	£19.15	<input type="checkbox"/> (£4.42)
Silver	£13.00	<input type="checkbox"/> (£3.00)	£24.00	<input type="checkbox"/> (£5.54)
Silver Plus	£15.60	<input type="checkbox"/> (£3.80)	£28.70	<input type="checkbox"/> (£6.62)
Gold	£20.80	<input type="checkbox"/> (£4.80)	£38.35	<input type="checkbox"/> (£8.85)
Gold Plus	£26.00	<input type="checkbox"/> (£6.00)	£48.00	<input type="checkbox"/> (£11.08)
Platinum	£31.20	<input type="checkbox"/> (£7.20)	£57.20	<input type="checkbox"/> (£13.20)
Platinum Plus	£39.00	<input type="checkbox"/> (£9.00)	£71.50	<input type="checkbox"/> (£16.50)

Pension or Payroll No.

National Insurance No.

Please commence/increase deductions with effect
from _____ or as soon as is practical.

**Provision of your bank details will allow us to pay claims direct
to your bank account (if you wish).**

Bank Name

Account Name

Account Number

Sort Code

Signature

X

Date

I hereby authorise deductions from my employer or pension scheme of the amounts and frequency indicated above or such other amounts as may subsequently apply.

Direct Debit Mandate

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



Originators Identification
Number: 724706

Account details

Name(s) of Account Holder(s)

Bank / Building Society Account Number

Branch Sort Code

Name and full postal address
of your Bank or Building Society

To: The Manager

Bank / Building Society

Address

Postcode

**We will automatically pay claims by direct credit
to the account detailed above. If you would prefer
claims to be paid by cheque please tick here.**

Banks and building societies may not accept Direct Debit Instructions
for some types of account.

Please tick the box with the best Direct Debit collection date for you

7th

14th

21st

Last working day

Instruction to your Bank or Building Society

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

Signature

X

Date