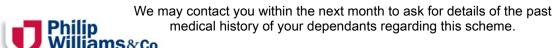
Student Officer Application for membership of the *Philip Williams Bupa* Healthcare Scheme

Once you have completed the application form, please remember to sign and date it and then return it in the Freepost envelope provided, or to: Philip Williams & Company, 35 Walton Road, Stockton Heath, Warrington, WA4 6NW.

Telephone 0845 230 1657. Lines are open 9am to 5pm Monday to Friday.

Please note: If you don't provide full details requested in this form (to the best of your knowledge and belief) we may terminate your cover or it may stop us from paying claims.

1 Your personal	details												
Title: (Mr, Mrs, Ms, Miss, other title)													
Surname:													
First name(s):													
Address:													
Postcode: Daytime telephone no:													
Evening telephone no:	Mobile telephone no:												
Email address:													
Date of birth: (Day/Month/Year)													
Date of joining police force:													
Force: Relationship to force (if not a serving member):													
Are you an existing BUPA member or have you been a member of BUPA in the past? Yes/No (Please delete)													
If Yes please give your BUPA membership number:													
Cover Level Required Single Family													
Married/Couple					Single parent family								
Add dependants													
If you are applying to add/delete d	ependants p	olease give o	details be	low:									
Title, forename, initials, surname			Occupation If retired please state previous occupation		Delete	Relationship to you (partner son/daughter etc)	Date of birth			Smoker?			
							Day	Month	Year	Yes	No		
1													
2													
3													
1]	. 1		







As:

Subscription quoted:

Agency No. 95182

Start date:

Your legal declaration

Important: please read this declaration carefully before signing and dating the completed

- I am applying for the BUPA LocalCare cover provided to members of the Philip Williams Bupa Healthcare Scheme. I agree that the terms of cover set out in the current membership guide relating to the BUPA LocalCare provided to members of the Philip Williams Bupa Healthcare Scheme will be binding on me, and accept they shall be the basis upon which benefits shall be payable under my cover. (The membership guide for your cover will be posted to you if we accept your application and is available on request.)
- I declare that all the information given to BUPA for the purposes of receiving my quotation and being covered by BUPA and the information contained in this application for BUPA membership is and remains true and complete, to the best of my knowledge and belief, except to the extent I inform you otherwise when sending you this application for BUPA membership.
- I agree to inform BUPA if any of the information. I have provided, or provide, changes at any time before cover starts.
- I understand that if the information I provide or have provided to BUPA and the information in this application for BUPA membership contains any material gaps or omissions, BUPA may terminate my cover or benefits might not be payable. (A "material gap or omission" is a failure

- whether we offer cover at all). If you're unsure whether any particular fact is material or not, you should disclose it to us.
- I understand and accept there is no undertaking to cover any medical conditions in existence before the time I am covered by BUPA.
- I understand that I will have the option of cancelling my BUPA cover, as long as I do so in writing within 21 days of me receiving my membership certificate and no claims have been paid.

 I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, for
- BUPA to process my personal information with respect to my membership.
- I understand and accept that I will make payments of my subscription to Philip Williams & Company who is acting as a paying agent on behalf of BUPA.
- I understand English Law applies to the agreement between me and BUPA, unless otherwise agreed between us in writing.
- I understand that any agreement with BUPA to provide my BUPA cover is made on the basis of this legal declaration

You are advised to keep a record of all information you supply to us in connection with your BUPA

of your membership – such as terms of the cover we offer you, you Signature						
INSTRUCTION TO YOUR BANK OR E	BUILDING SOCIETY TO PAY	DIRECT DEBITS				
PLEASE COMPLETE SECTIONS 1 TO	<u>5</u>	Philip		D	IRECT	
1. Name & full postal address of your Ba	ank or Building Society brand	williams & Co		D	ebit	
To: The Manager			· -	Identification	า Number 1	
Address	Bank or Building Society		_7	753294]	
Address						
	Postcode	3. Branch so	ort code			
2. Name(s) of account holder(s)						
		4. Account r	number			
 Instruction to your Bank or Building S 	i fr					
Please pay Philip Williams & Co Direct Debit Direct Debit Guarantee. I understand that the electronically to my Bank/Building Society.	ts from the account detailed in t					
Signature(s)		Philip Williams & Co	REF.			
Date						
Banks and Building Soc	cieties may not accept Direct Debits	for some types of accounts.				
Student Officer member of the Philip Willi	ams Bupa Healthcare Schem	e, no premium will be dec	ducted ur	ntil week	52 of Ser	vice
FOR OFFICE USE ONLY Group No.	Accepted by	BUPA	Date			
or office use only						
ate received: / /		В	שט	a /		