

Asda Application Form

A Select your level of cover - Deduction from pay authority

If you wish to enrol and have payments deducted from your pay, or if you are already a customer and wish to increase/decrease payment, please complete all sections. Please note that completion of this application form indicates you wish to become a customer of Simplyhealth and that your cover will begin from the date of registration. If you wish to cancel the policy within 14 days of receiving your welcome pack, any payments we have taken, less any claims paid to you, will be refunded.

AUTHORITY FOR DEDUCTION FROM PAY – I wish to commence payment/amend payment to Simplyhealth. Please deduct the indicated premium rate from my pay or any subsequent rate which may be introduced.

I have asked my employer to commence my payroll deductions from this pay period next pay period

I understand that where I have selected for deductions to start from this pay period, my cover will start from the beginning of this period and may pre-date the date I sign this form.

Full name:
Wal-Mart number:

Please contact your Wages/Payroll department for confirmation on when your deductions will begin.

Confirmation of your policy commencement date will be sent with your welcome pack.

Signed: X

	Basic	Level 1	Level 2	Level 3
Four weekly paid	<input type="checkbox"/> £4.00 per four weeks for self only	<input type="checkbox"/> £7.80 per four weeks for self only	<input type="checkbox"/> £13.00 per four weeks for self only	<input type="checkbox"/> £18.00 per four weeks for self only
	<input type="checkbox"/> £8.00 per four weeks for self and partner	<input type="checkbox"/> £15.60 per four weeks for self and partner	<input type="checkbox"/> £26.00 per four weeks for self and partner	<input type="checkbox"/> £36.00 per four weeks for self and partner

I am/we are new applicant/s*	<input type="checkbox"/>
I already pay but wish to add partner*	<input type="checkbox"/>
I already pay but wish to change Plan level*	<input type="checkbox"/>
I already pay for self and partner but wish to change our Plan level*	<input type="checkbox"/>

*Deductions are only permissible for your partner residing at the same address. If changing level of cover please refer to Terms and Conditions.

Date: X

B Your details

LW0057

Surname:		Mr / Mrs / Miss / Ms	
Forename(s):			
Your date of birth (must be under 79 years of age):			
Address 1:			
Address 2:			
Address 3:			
County:		Postcode:	
Tel no:			
Mobile no:			
E-mail address:			
Details of up to four dependent children (under 18 years)			
Surname	Forename	Gender M/F	Date of birth

If paying for your partner please give:

Full name of partner:
Date of birth of partner: (must be under 79 years of age)

Asda store:
Wal-Mart no:
National Insurance no:

For your own benefit and protection you should read the terms and conditions carefully before signing this declaration as these form the basis of our insurance contract for this policy. By signing this declaration you are agreeing to abide by the terms and conditions of this policy, therefore if you do not understand any point then please contact us for further information before signing. We rely on the information you declare within the application in making our decision whether or not to accept your application; if any information you declare is found to be false we may cancel your policy. I understand that I have 14 days from the receipt of my welcome pack in which to change my mind and to cancel the policy, after which the standard cancellation period detailed within the terms and conditions will apply. I confirm that those named on this application are below the age of 80, are UK residents and are not sports professionals.

Signed:
Date:

Data Protection Act

The answers on this form contain your personal data. We record, process and hold your personal data in accordance with the law in the United Kingdom and in particular the Data Protection Act.

Keeping you informed

Simplyhealth and companies in the Simplyhealth Group would like to keep you informed about our products and services which may be of interest to you. You can control how you would like us to communicate with you by selecting which of the communication methods you are happy with below. All methods of contact can be opted out of at any time. You will only receive marketing material from companies in the Simplyhealth Group and we will never pass or sell your marketing preferences to external companies.

Traditional Communications

- I DO NOT want to receive information via Post
 I DO NOT want to receive information via Phone

Electronic Communications

- I DO want to receive information via Email
 I DO want to receive information via SMS

C Payment of claims To be completed by new customers joining

Please supply details of the bank account into which payment for claims is to be made. Simplyhealth will only use this information to make payments to you. It does not give us authority to make deductions from your bank account.

1. Name and full postal address of your Bank or Building Society branch

Bank or Building Society:	
Address 1:	
Address 2:	
Address 3:	
County:	Postcode:

2. Name(s) of account holder(s)

3. Bank or Building Society account number

4. Branch Sort Code (from the top right hand corner of your cheque) – –

If I am unable to complete this section, I authorise Ceridian (Payroll) to complete it on my behalf. Please tick to authorise.

Signature(s):
Date:

