



Eduhealth Bupa Dental Plan Application Pack

Please complete the application form and client agreement in full then return to;

Eduhealth, Saddler's House, 4-6 South Parade
Bawtry, Doncaster, South Yorkshire, DN10 6JH

**We also offer a Private Medical Insurance
and Cashplan scheme specifically designed for
anyone working in the education sector and their families.
If you would like to know more see our website for full details.**

t: 0845 226 9938 - **e:** enquiries@eduhealth.co.uk **w:** www.eduhealth.co.uk

Your application to join Bupa Dental Plan

Please complete all relevant sections of the form in BLOCK CAPITALS and return it to Eduhealth, Saddlers House, 4 – 6 South Parade, Bawtry. DN10 6JH

1 Your personal details

Title	Surname									
Forename/initials										
Address										
Postcode						Tel no				
Date of birth	day		month		year					
Company name EDUHEALTH 55313 192643										
If current Bupa member please give registration no.										

2 Bupa Dental Plan

Core	<input type="radio"/>									
Level 1	<input type="radio"/>									
Level 2	<input type="radio"/>									
Level 3	<input type="radio"/>									
Level 4	<input type="radio"/>									
Scheme start date	day	0	1	month		year				

3 Method of payment

	monthly	annually
Variable Direct Debit*	<input type="radio"/>	<input type="radio"/>
Cheque (made payable to Bupa)	N/A	<input type="radio"/>

*Please complete the Direct Debit instruction below

4 Your family's details

Forename, other initials and surname	Relationship to you (partner / son / daughter)	Date of birth		
		day	month	year
1.				
2.				
3.				
4.				

Please include any additional dependants on a separate sheet and indicate that you have done so by ticking this circle

5 Declaration

IMPORTANT: Please read this declaration carefully before you sign and date this form. You are advised to keep a record of all information you supply to us in connection with this application, including letters. If you would like a copy of this application form, please ask us.

It is Bupa's intention to provide a first class service at all times. If you do have cause for dissatisfaction you may write to the Head of Customer Relations at Bupa, Anchorage Quay, Salford Quays, Manchester, M50 9WF or phone on 0845 606 6739† (8am to 5pm, Monday to Friday). They will consider your complaint and can provide you with full details of our internal complaints process. It's very rare that we can't settle a complaint, but if we tell you that we can do no more and we have been unable to resolve your complaint to your satisfaction, you may refer your complaint to the Financial Ombudsman Service at South Quay Plaza, 183 Marsh Wall, London E14 9SR, or call them on 0845 080 1800.

Unless otherwise agreed between us in writing, English Law shall apply.

I agree that I and my family members specified in this form (and on any separate sheet) will be bound by the terms and conditions of the agreement between Bupa and the company, firm or individual with whom Bupa has agreed to operate a group insurance scheme and under which I am applying for cover. I accept that the terms and conditions of the agreement shall be the basis upon which benefits shall be payable under the agreement.

I confirm that I give explicit consent, within the provisions of the Data Protection Act 1998, on behalf of myself and any family members specified in this form (and on any separate sheet), for Bupa to process our personal information with respect to our membership and I confirm that I have brought the Data Protection Act to the attention of these family members.

I agree that the Rules of Bupa Dental Plan will be binding on me and all eligible dependants included in my membership. I declare that to the best of my knowledge and belief all the information I have provided on this Application Form is true and complete. I understand that I will not be covered unless Bupa accepts my application.

†Calls to this number may be recorded and may be monitored.

Your signature **X** Date **X**

37059

Bupa Dental Plan is provided by Bupa Insurance Limited, Registered in England and Wales No 3956433#. Bupa Insurance Services Limited, Registered in England and Wales No 3829851#. Registered Office Bupa House 15-19 Bloomsbury Way London WC1A 2BA. #Authorised and regulated by the Financial Services Authority. © Bupa 2010. Bupa and the heartbeat symbol are trade marks of The British United Provident Association Limited.

Bupa Data Protection Notice

Confidentiality: The confidentiality of patient and member information is of paramount concern to the companies in the Bupa group. To this end, Bupa fully complies with Data Protection Legislation and Medical Confidentiality Guidelines. Bupa sometimes uses third parties to process data on its behalf. Such processing, which may be outside the European Economic Area is subject to contractual restrictions with regard to confidentiality and security in addition to the obligations imposed by the Data Protection Act.

Medical information: Medical information will be kept confidential. It will only be disclosed to those involved with your treatment or care, including your GP, or to their agents, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses, or their agents.

Member details: All membership documents and confirmation of how we have dealt with any claim you may make will be sent to the principal member.

Telephone calls: In the interest of continuously improving our service to members, your call may be recorded and may be monitored.

Research: Anonymised or aggregated data may be used by Bupa, or disclosed to others, for research or statistical purposes.

Fraud: Information may be disclosed to others with a view to preventing fraudulent or improper claims.

Names and addresses: Bupa does not make the names and addresses of members or patients available to other organisations.

Keeping you informed: Bupa would, on occasion, like to keep you informed of Bupa products and services which it considers may be of interest to you.

Contact address: If you do not wish to receive information about Bupa's products and services, or have any other Data Protection queries please write to the Head of Information Governance, at Bupa House, 15-19 Bloomsbury Way, London WC1A 2BA or at: DataProtection@Bupa.com.

Direct Debit instruction

Account number

Bank sort code

Name of account holder(s)

Please write the full name and address of your bank or building society.

To: The Manager

Declaration
I/we instruct you to pay direct debits from my/our account at the request of Bupa. The amounts are variable and may be debited on various dates. I/we understand that Bupa may change the amounts and dates only after giving prior notice. I/we will inform the bank/building society in writing if I/we wish to cancel this instruction. I/we understand that if any direct debit is paid which breaks the terms of this instruction, the bank/building society will make a refund.

Signature(s) _____ Date _____

Bupa membership number (for Bupa use only)

Bupa identification number: 941765

(Banks and building societies may refuse to accept instructions to pay direct debits from some types of account.)
Bank contact address: Anchorage Quay, Salford Quays, Manchester M50 9WF.

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 Bupa will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request Bupa 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 Bupa 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 Bupa 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.

Client Agreement

Commencement

The following terms will come into force with immediate effect.

Our Services

We will act on your behalf for the purposes of arranging and advising on Private Medical Insurance, and/or Dental insurance and/or Cash Plans

Eduhealth is a trading style of Healthsaver Ltd which is authorised and regulated by the Financial Conduct Authority (FCA). The FCA is the independent regulator of financial services in the United Kingdom. Healthsaver Ltd is entered on the FCSA register (www.fsa.gov.uk/register) under reference 582331. The FCA address is:

25 The North Colonnade,
Canary Wharf,
London E14 5HS

0207 066 1000

How we charge you for our services

We are normally paid commission on a product we arrange.

Your Protection

We prefer instructions to be in writing. If instructions are given orally they should also be confirmed in writing. We may refuse at our discretion to accept certain instructions, although such discretion will not be exercised unreasonably.

Cheques should always be made payable to the product providers only. We do not accept cash payment.

We will normally register all products in your name unless otherwise instructed in writing.

If we become aware that our interests, or those of another client, conflicts with your interests, we will inform you in writing and obtain your consent prior to proceeding with your instructions.

Risk Warnings

We will communicate appropriate risk warnings prior to providing products or services. These are for your benefit as you should understand any risks before making an investment.

Complaints and Compensation

If you wish to make a complaint, please contact us

Our written complaints procedure is available upon request. If we cannot settle your complaint, you may be entitled to refer it to the Financial Ombudsman Service (FOS). Further information about the FOS is available from their website www.financial-ombudsman.org.uk. If we cannot meet our obligations you may be entitled to compensation from the Financial Services Compensation Scheme. This depends on the type of business and the circumstances of the claim.

Insurance business may be covered for 90% of the claim, without any upper limit. For compulsory classes of insurance (e.g. motor or employers liability insurance), advising and arranging is covered for 100% of the claim, without any upper limit.

Further information about the FSCS is available from their website www.fscs.org.uk.

Termination

This client agreement may be terminated at any time, by either party. Notice of termination must be given in writing and will take effect immediately upon receipt. Termination will be without prejudice to the completion of transactions already commenced on your behalf or any rights or obligations already arising. You would be expected to pay for any costs incurred up to the date of termination or a due proportion of any fees previously agreed.

Data Protection

Collection of data:

In order to provide you with products and services we need to gather personal and financial information about you. This includes information obtained from you or third parties, such as employers and credit reference agencies, fraud prevention agencies or other organisations. This may include sensitive information about racial or ethnic group, physical or mental health, sexual life, criminal proceedings and offences.

Access:

You have the right to access information we hold about you. You can access a copy of these records by contacting us
Healthsaver Ltd
Saddlers House
4-6 South Parade
Bawtry
Doncaster
DN10 6JH

Tel: 0845 226 9938

We are entitled to charge a fee for this service of up to £10. If any of the information we hold is incomplete or inaccurate please tell us and we will correct it.

Use of data:

Information may be passed to other financial firms in the course of providing services. We may provide information to our regulators and their successors.

We may from time to time contact you by post, fax or e-mail with details of products and services which may be of interest to you. If you would not like to receive this information please indicate your preference by ticking the box here.

We shall disclose information to relevant authorities where we are required to do so by law.

We are legally obliged to verify the identity of our customers and retain these records.

We will retain records after our business relationship has ended for legal and regulatory purposes.

Rights of third parties

These terms of business exclude any rights which may be conferred upon third parties by the Contracts (Rights of Third Parties) Act 1999.

Jurisdiction

This agreement is governed by English Law and the parties of this agreement hereby submit to the exclusive jurisdiction of the English Courts.

Commencement

This is our standard Client Agreement upon which we intend to rely. For your own benefit and protection you should read these terms carefully before signing them. If you do not understand any point please ask for further information.

This Client Agreement will come into effect from the date of my/our signature below.

Client: Date:

Client: Date:

Adviser Date: