

Group payroll deduct application



- These group policies are underwritten by AXA PPP healthcare Limited ("AXA Health").
- The Permanent Health Company Limited ("PHC/we/us") administers these group policies, acting on behalf of AXA Health.
- Please take care to provide accurate and complete answers to all questions within this application form.

Section 1: Group details

Group name: (the Group/you/your)

Trading name (if different to Group name):

Address:

Postcode:

Group registration no:
(for plc, limited, LLP)

Industry:

Group population size:

Group phone:

Group website:

Group Administrator's name:

Group Administrator's email:

Phone:

Alternative Group Administrator's name:

Email:

Phone:

Section 2: Cover required

Please note: Please specify the cover options you want to be made available to your Group members and eligible family members.

This Group payroll deduct plan is an arrangement under which the Group is responsible for payment of the premiums to PHC but will collect the contribution due via payroll deduction or by other means (if agreed in writing between both parties) for the group members and eligible family members of the Group plan. For the avoidance of doubt these arrangements will be Group Plans and premiums will be payable by the Group to PHC.

Previous insurer, if applicable: Number of members to be offered cover:

Contract start date: Selection window:

Section 2: Cover required (continued)

Plan(s) required:

Plan 1 Plan 2 Plan 3 Plan 4

Excess:

The excess will be applied as agreed on the rates sheets.

Underwriting:

All members will enrol on a two year moratorium (MORI).

Hospital option required:

All members will have access to hospitals as agreed on the rate sheets.

Funding arrangement:

Member contributions are via payroll deduct.

Employer contribution (if any): ___%

Please note that irrespective of the above, you confirm and accept that your policy premiums must all be paid from your Group account for this insurance contract.

Section 3: Payment details

Please confirm how you want to pay for your premiums:

Annually by Direct Debit Instruction BACS Cheque (payee The Permanent Health Company Limited)
 Quarterly by Direct Debit Instruction Monthly by Direct Debit Instruction

All clients who pay on an annual basis and clients with fewer than 15 members who pay on either a monthly or quarterly basis will receive an invoice at the start of the policy with subsequent invoices/credit notes raised for any joiners or leavers to the policy.

Clients who pay on a monthly or quarterly payers with 15 or more members will receive monthly/quarterly invoices with an amount due for the month/quarter. This invoice will include the date the direct debit will be collected.

In limited circumstances, PHC may consider monthly/quarterly invoicing for policies with fewer than 15 members. If you would like to discuss this, please contact your intermediary.

If you choose to pay by direct debit please complete the Direct Debit Instruction (DDI) on the last page of the form with the bank details of the company account from which the direct debits should be collected. Please ensure this is signed in accordance with your bank mandate. The DDI should be scanned back to us.

The DDI will be submitted to your bank when your Group HealthCover4life policy set up is complete and we have issued the Group Schedule.

If you have any questions regarding the form, please email support@thephc.co.uk or ring 01923 770 000.

Section 4: Privacy notice

Privacy Notice

Your Members' Personal Information

Your policy is underwritten by AXA Health and administered by PHC. This is a summary of our respective Privacy Policies. Please make sure that your members read the summary of our respective Privacy Policies in their membership handbook. You can find the full data privacy policies on our websites. If you would like a copy of the full policy please call us on **01923 770 000** and we'll send you one.

We will only use your members' information in ways we are allowed to by law, which includes only collecting as much information as we need. We will gain the relevant person's consent to process information such as their medical information when it's necessary to do so. We want to reassure you AXA Health never sells personal member information to third parties.

We collect information about your members and their family members who are covered by this plan from your members, their family members, their healthcare providers, you as their employer where applicable, your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your members' information mainly for managing their membership and their claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you and statistical analysis for example to help us decide on premiums.

We may disclose your members' information to other people or organisations. For example, we'll do this to:

- manage their claims, eg to deal with their doctors;
- manage your policy with your insurance broker; and
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies.

In order to be able to manage your policy we may access your and your members' information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. For these purposes, we may also perform an international transfer of your members' data. Before doing so we will ensure that your members' data is protected and disclosed only to authorised individuals solely for servicing your policy or a claim.

In some cases your members have the right to ask us to stop processing their information, but if they do we may not be able to process their claims or manage your plan properly.

Section 5: Declaration to the underwriters

Declaration

A. The Group declares that:

- to the best of its knowledge and belief the statements on this application form are full, true and correct;
- it agrees to the terms of the Group Contract of Insurance between AXA Health and the Group detailed in the Group Contract of Insurance and Administrators Guide;
- the members to be covered by the policy are resident in the United Kingdom.

B. The Group agrees that the acceptance of this application shall be on the basis of these statements. The Group understands that if there are changes in the information the Group has given PHC before the Group has been told that the member(s) has or have been added to the policy, it must inform PHC in writing immediately.

C. If the Group is switching from an existing group policy (Continued Medical Exclusions CME):

- The Group understands that PHC will accept any medical underwriting terms applied by your current insurer and will not impose any additional such terms on any currently insured members or dependants also transferring;
- The Group also understands that PHC will, however, apply its own rules, including its general exclusions and limitations, to all future claims;
- The Group hereby undertakes to provide current registration certificates and have enclosed original copies of current insurance certificate(s).

D. The Group understands that PHC will send all correspondence about this application, including claims correspondence to the Group Administrator, unless the Group writes to tell PHC otherwise. The Group also understands that PHC will issue policy documents, written communications and membership details in English unless PHC and the Group have specifically agreed, in writing, to communicate in a different language.

E. By signing and returning this form, the Group Administrator warrants that it has authority to complete this application on behalf of the Group.

Signature of Group Administrator on behalf of the Group:

Date:

Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application form please let us know within three months of the start date of the policy.

PB109832/10.24

The Permanent Health Company Limited

PHC is a trading name of The Permanent Health Company Limited which is authorised and regulated by the Financial Conduct Authority under reference 310293. Registered office: 20 Gracechurch Street, London EC3V 0BG. Registered in England and Wales No. 2933772. Write to us at The PHC, Building 2, First Floor, Croxley Park, Watford, Hertfordshire, WD18 8YR. T. 01923 770 000. The Permanent Health Company Limited is a wholly owned subsidiary of AXA PPP healthcare Group Limited and part of the global AXA group.

AXA PPP healthcare Limited trading as AXA Health is the underwriter of PHC medical insurance policies. Registered office: 20 Gracechurch Street, London EC3V 0BG and registered in England and Wales No. 3148119.

AXA PPP healthcare Limited trading as AXA Health is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under reference 202947.

Calls may be recorded and/or monitored for quality assurance, training and as a record of our conversation.





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



Please fill in the whole form and send it to:

The Permanent Health Company Limited
 Building 2, First Floor,
 Croxley Park,
 Watford,
 Hertfordshire,
 WD18 8YR

Originator's Identification Number

7	5	8	0	6	2
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Name(s) of account holder(s)

For The Permanent Health Company Limited official use only
 This is not part of the instruction to your bank or building society

Reference number

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Bank/Building Society account number

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Branch Sort Code

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Instruction to your Bank or Building Society

Please pay The Permanent Health Company Limited 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 The Permanent Health Company Limited and, if so details will be passed electronically to my Bank/Building Society.

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode:	

Signature(s)
Date



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 The Permanent Health Company Limited will notify you seven working days in advance of your account being debited or as otherwise agreed. If you request The Permanent Health Company Limited 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 The Permanent Health Company Limited 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 The Permanent Health Company Limited 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.