

Optimum Moratorium Application Form

Please read before applying:

The Optimum Out-patient plan is designed to meet the demands and needs of those who wish to have access to faster diagnosis of medical conditions, which occur after the start of the policy, via private healthcare services and have cover for a specified range of out-patient treatments.

The Optimum In/Day-patient plan is designed to meet the demands and needs of those who wish to have access to in-patient, day-patient and follow-on treatment, which covers acute medical conditions which occur after the start of the policy and which are short-term and curable.

The policy does not cover all medical conditions and/or healthcare expenses and we do not offer advice or recommendations; to check whether this product will meet your needs, you should read the Policy Summary.

This application might be suitable for someone who has not had signs or symptoms of a pre-existing medical condition in the last five years before applying for the policy(ies).

If you currently have private medical insurance you should consider any difference in cover carefully before deciding whether to accept the new terms. If you have any questions about applying for cover, please call us or your healthcare intermediary.

Once you have read the Policy Summary for the policy(ies) you are applying for, you can apply by:

- Completing an application online at www.nationalfriendly.co.uk/optimum
- Completing this application form and:
 - posting it in the pre-paid envelope provided
 - posting it to National Friendly, 11-12 Queen Square, Bristol BS1 4NT
 - scanning and emailing it to info@nationalfriendly.co.uk
- Completing an application over the phone by calling us on 0333 014 6244. Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.

Lines are open 8am-6pm weekdays. Calls are recorded for training and quality purposes.

If you have any questions about applying for cover, please call us or your healthcare intermediary.

INTERMEDIARY USE ONLY

Company

Firm reference no. (FRN)

Agent name

Advised sale

Yes No

1 Policyholder details

Title	Full name
Address	
Postcode	
Contact tel.*	Email*

*Leave blank for a child under 18

Date of birth Male Female

If the policyholder has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

2 Proposer details (to be completed by a parent or guardian if the policyholder is under 18)

Title	Full name
Address (if different from policyholder)	
Postcode	
Contact tel.	Email

Date of birth Male Female

Relationship to policyholder

If the proposer has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

3 Payer details (if different from the policyholder and proposer)

Title	Full name
Address	
Postcode	
Contact tel.	Email

Date of birth

If the payer has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

4 Your choice of policy

Please let us know which policy(ies) you are applying for. You can apply for one policy or both.

1. I am applying for an Out-patient Plan.

Please select your excess option (please tick one box only):

No excess £100 £250

2. I am applying for an In/Day-patient Plan.

Please select your excess option (please tick one box only):

No excess £250 £500 £1,000

5 Your choice of hospitals option

To be completed for the In/Day-patient Plan.

Please select your hospitals option. You might wish to refer to any quotation you have been given.

Please tick one box only:

Standard hospitals option

Extended hospitals option

6 Your choice of Out-patient Plan cover limit option

To be completed for the Out-patient Plan.

Please select your cover limit option. You might wish to refer to any quotation you have been given.

Please tick one box only:

£2,000

£5,000

7 Data protection and confidentiality

Data protection

By submitting this application form (and in any subsequent dealings, which may include telephone calls) National Deposit Friendly Society Limited will hold and use your personal data. We will only hold and use your information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we hold and use your personal data, please see our full PMI Privacy Notice which sets out:

- the types of information we collect about you;
- how we collect and use the information;
- who we might share the information with and where such information may be transferred;
- how long we will hold the information for;
- the steps we will take to make sure it stays private and secure;
- your rights in respect of your information.

The PMI Privacy Notice is available to view at: www.nationalfriendly.co.uk/privacy

If you would like to receive a paper copy of the PMI Privacy Notice, please call us on: **0333 014 6244**

Or write to us at: **National Friendly, 11/12 Queen Square, Bristol BS1 4NT**

You are responsible for making sure you provide us with accurate and up-to-date information. Please inform us when your personal information changes. If you provide information for or about another person in the context of your dealing with National Friendly, you will need to tell them how to find the PMI Privacy Notice and make sure they agree to us using their information for the purposes set out in it.

Marketing Preferences

National Friendly will never sell your personal data to any third parties. We would, however, like to keep you up to date with Society news, offers, competitions and other products and services that we offer. Please let us know how you'd like to be contacted below.

I agree to National Friendly contacting me by:

Email:

Telephone:

Text/SMS:

Post:

You can update your marketing preferences easily at any time by phone, email, in writing or online at

www.nationalfriendly.co.uk/staytogether

If you do not understand any point please ask us for further information before signing.

The Policy Schedule and the Terms and Conditions documents will form the basis of the contract for the policy(ies). These documents will be sent to you after this application has been accepted and you will then have 14 days in which you can change your mind if you wish.

I would like to apply for a Out-patient Plan and/or an In/Day-patient Plan and declare that:

- I am aware that this application is subject to written acceptance by National Friendly.
- I accept the rules on pre-existing conditions and that such conditions will not be covered for at least two years or indefinitely.
- I will let National Friendly know of any changes to the information supplied on this application prior to the new policy(ies) starting.
- I accept that the standard hospitals option and extended hospitals option will only be available depending on my selection in Section 5 and my selection will determine whether I pay a standard premium or increased premium.
- If I am applying for an Out-patient Plan, I accept that the cover limit option will only be available depending on my selection in Section 6 and my selection will determine whether I pay a standard premium or increased premium.
- I understand my premium will be confirmed on my Policy Schedule.
- Where appropriate: I will act as the proposer on behalf of the policyholder, where the policyholder is under 18.
- The policyholder is prepared to attend a medical examination paid for by National Friendly if requested.
- I accept that National Friendly may contact the policyholder's GP and/or any medical treatment provider to obtain access to the medical records should it be necessary to verify medical details in relation to any claims made.
- I accept that if the policyholder has insurance with another provider for private medical insurance or a health cash plan, I must tell National Friendly before making a claim and agree for National Friendly to contact the other provider. The total claimed from both National Friendly and the other provider must not exceed the total eligible cost incurred and neither are liable to pay more than their proportionate share of the claim.
- I confirm that if this application has been completed by someone else, it was done so at my request.
- I agree that if this application is accepted the new policy(ies) will begin on a date agreed by National Friendly and me.
- I agree to National Deposit Friendly processing my personal information as detailed in the PMI Privacy Notice provided as part of the welcome pack.
- I accept that National Friendly may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Policyholder's signature or proposer's signature where the policyholder is under 18

Date

Please ensure the payer completes the Direct Debit form overleaf, even if one is already set up with us.

We will send your welcome pack of policy documents by email. Please make sure you have included your email address on this application. If you would prefer the pack to be sent through the post, please tick here:



Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a pen and send to:

National Friendly
11-12 Queen Square
Bristol
BS1 4NT

Service user number

6 7 7 9 0 2

FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD OFFICIAL USE ONLY
 This is not part of the instruction to your bank or building society

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

Instruction to your bank or building society

Please pay National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date

Reference

DD17

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 National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd 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.

Contact us

For information on setting up this cover or to request a copy in braille or large print, please call us on:

0333 014 6244 Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.

Lines are open 8am-6pm, Monday to Friday excluding bank holidays. Calls will be recorded for training and quality purposes.

Or email us on:

info@nationalfriendly.co.uk

Or visit us at:

www.nationalfriendly.co.uk



National Friendly is a trading name of National Deposit Friendly Society Limited. Registered office: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at: <https://register.fca.org.uk>. National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme and Financial Ombudsman Service.