

MEDICAL CASH PLAN

APPLICATION FORM (INDIVIDUAL PAID)



HIVE
Insurance Services

POLICYHOLDER DETAILS

Title:	Forename:	Surname:
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Address:	Postcode:
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Tel (mobile):	Tel (home):	Tel (work):
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Email:	Date of birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
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Note: please ensure you have written your email address clearly and correctly, as we will use this address to email your welcome documents to you.

Occupation:	<input type="checkbox"/> Employed <input type="checkbox"/> Self-employed
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PLAN DETAILS

Basis: <input type="checkbox"/> Single <input type="checkbox"/> Joint <i>(If Joint please provide partner's details below)</i>	Level of cover: <input type="checkbox"/> Bronze <input type="checkbox"/> Silver <input type="checkbox"/> Gold <input type="checkbox"/> Platinum
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PAYMENT INFORMATION

Start date:	Preferred direct debit date:
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Total premium: £	Payment Frequency <input type="checkbox"/> Monthly <input type="checkbox"/> Annual
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FAMILY TO BE COVERED

Name:	DOB:	Relationship: (partner/children)

IMPORTANT INFORMATION

PRE-EXISTING MEDICAL CONDITIONS:

Please be aware of the following policy terms in respect of pre-existing conditions relating to this plan:

- ▶ No hospital in-patient claim will be paid during the first two years of a new or upgraded policy in respect of any health condition, or related health condition, which existed or was being investigated before cover commenced. We may wish to verify medical information to support a hospital related claim.
- ▶ No benefit will be paid in respect of treatment commenced prior to the start date of the policy, irrespective of the future duration of that course of treatment.

DECLARATION

I hereby apply for insurance to BHSF Limited (the insurer) under their usual terms and conditions. I confirm that the information supplied by me in connection with this proposal is correct to my knowledge and belief. I note that I should keep a record of all information supplied for the purpose of this proposal and that a copy of such information will be supplied if requested by me.

I consent to the seeking of information from other insurers and I authorise the giving of such information for such purposes. I also consent to the insurer or their agents seeking medical information from any doctor who at any time has attended me concerning anything which affects my physical or mental health and I authorise the giving of such information.

I have been provided with details of the procedure to follow in the event of a complaint.

Please sign and date here:

Applicant's
signature:

X

Date:

THIRD PARTY DECLARATION

Please note: This section is only to be completed if the person paying for the plan is not the policyholder

I declare that I will pay the Direct Debit for the policy in the name of _____
and this level of financial commitment is affordable now and in the future.

Should a claim arise, I understand that I am not eligible to benefit in any way from the policy.

My relationship to the customer is: _____

Account holder
signature:

X

PLEASE HELP US TO GO GREEN

Each year we send policyholders an annual review letter and an Insurance Product Information Document, which is a summary of key information relating to your plan. As an environmentally responsible company, we would like to ask for your permission to send you this information by email - not only will this reduce the amount of paper we use, it will also make it easier for you to manage your policy paperwork.

Please can you tick the box below to confirm you are happy to receive this correspondence by email. Sincere thanks for your support in helping us to make a difference to the environment.

I request that my annual reviews and Insurance Product Information Documents are sent to me by email:

For broker use only:

Broker's name:

Broker's signature:

Broker's agency number:

Cheque/credit card/direct debit mandate attached?:

Yes No

Amount: £

Head Office use only:

Premium checked: Yes No

Actual premium: £

MEDICAL CASH PLAN



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



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

Hive Insurance Services
Unit 4, Bredon House,
Woodlands, Almondsbury Business Centre,
Bristol, BS32 4QH

Service user number

2	4	9	7	1	1
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Reference (Hive Insurance Services use only)

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Name(s) of account holder(s)

Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/Building Society
Address:	
Postcode:	

Please provide your address if you are not the policyholder
This is not part of the instruction to your bank or building society

Address:

Postcode:

Instruction to your bank or building society

Please pay Hive Insurance Services 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 Hive Insurance Services Limited and, if so, details will be passed electronically to my bank/building society.

Signature(s):

Date:

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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, Hive Insurance Services Limited will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Hive Insurance Services 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 Hive Insurance Services 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 Hive Insurance Services 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.

DATA PRIVACY

Please visit the Privacy Policy page on our website, www.hiveinsure.co.uk, for further information about how and when we process your personal information.

HOW WE USE YOUR INFORMATION

The personal information, provided by you (or anyone acting on your behalf), is collected by or on our behalf and may be used by us, our employees, agents and service providers acting under our instruction for the purposes of insurance administration, underwriting, claims handling, research or for statistical purposes.

We may process your information for a number of different purposes. For each purpose we must have a legal ground for such processing. When the information that we process is classed as 'special category data', we must have a specific additional legal ground for such processing.

Generally, we will rely on the following legal grounds:

- › It is necessary for us to process your personal information to provide this policy and services related to it. We will rely on this for activities such as providing you with information about your quote, assessing your application, managing your policy, handling claims and providing other services to you
- › We have an appropriate business need to process your personal information and such business need does not cause harm to you. We will rely on this for activities such as maintaining our business records, developing, improving our products and services, and providing information about our products and services to you
- › We have a legal or regulatory obligation to use such personal information
- › We need to use such personal information to establish, exercise or defend our legal rights
- › You have provided your consent to our use of your personal information, including special category data

HOW WE SHARE YOUR INFORMATION

In order to sell, manage and provide our products and services, prevent fraud and comply with legal and regulatory requirements, we may need to share your information with the

following types of third parties:

- › Reinsurers, Regulators and Authorised/Statutory Bodies
- › Credit reference agencies
- › Fraud prevention agencies
- › Crime prevention agencies, including the police
- › Suppliers carrying out a service on our behalf
- › Other insurers, business partners and agents
- › Other companies within Hive Insurance Services Limited

MARKETING

We will not use your information or pass it on to any other person for the purposes of marketing further products or services to you unless you have consented to this.

FRAUD PREVENTION AND DETECTION

In order to prevent or detect fraud and money laundering we may check your details with various fraud prevention agencies, who may record a search. Searches may also be made against other insurers' databases. If fraud is suspected, information will be shared with those insurers. Other users of the fraud prevention agencies may use this information in their own decision making processes.

We may also conduct credit reference checks in certain circumstances. You can find further details in our full Privacy Policy explaining how the information held by fraud prevention agencies may be used or in which circumstances we conduct credit reference checks and how these checks might affect your credit rating.

AUTOMATED DECISIONS

We may use automated tools with decision making to assess your application for insurance and for claims handling processes. If you object to an automated decision, we may not be able to offer you an insurance quotation.

HOW TO CONTACT US

Please contact us if you have any questions about our privacy policy or the information we hold about you:

The Data Protection Officer, Hive Insurance Services Limited, Unit 4, Bredon House, Woodlands, Almondsbury Business

01454 619500 | www.hiveinsure.co.uk

UNIT 4, BREDON HOUSE, WOODLANDS, ALMONDSBURY BUSINESS CENTRE, BRISTOL, BS32 4QH

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