TriCare HEALTH FUND

simplyhealth

Dental Cover Application Form

Please read the form, complete it in BLOCK CAPITALS, then sign and date it along with the signed Direct Debit mandate. Please return form to TriCare Office, United House, 1 de Salis Drive, Hampton Lovett, Droitwich, WR9 0QE. Applications need to be received on or before the 1st day of the month to start in the next month (ie applications received in March will be receive cover from 1st April), otherwise cover will commence at the beginning of the following month.

1. Your Details

Title:	Surname:		DOB:
Forenames :			Initials :
Address :			
			Postcode :
Collar no:	TriCare Membership No:		Force Code: WY / GL / WM
Telephone numbers	Day:	Evening :	
(Please include both STD codes. The numbers will only be used by SimplyHealth to contact you regarding your membership)			
Bank Details *(used for payment of claims only)*			
Bank:	Sort Code:	Account No:	

2. Cover Level *(tick relevant box(es))*

Please refer to Schedule of Benefits for summary of cover	**Level One**	**Level Two**	**Level Three**
One Adult	☐	☐	☐
Two Adults	☐	☐	☐
To cover children tick one of the boxes below			
EXTRA premium to cover up to 4 children	☐	☐	☐
TOTAL MONTHLY PAYMENT	£ ________		

3. Applicant's and family details *(Please give details of all those to be covered)*

Forename, other initials, surname	Relationship to applicant (eg wife / husband / son / daughter)	Date of birth DAY	MONTH	YEAR
2 Adult 2				
3 Child 1				
4 Child 2				
5 Child 3				
6 Child 4				

Declaration: I agree to abide by the Terms and Conditions of SimplyHealth membership, a set of which is available on request. If for any reason I am not happy with the cover provided I will tell SimplyHealth within 14 days. I understand that for SimplyHealth to process some claims it may seek from myself or my partner written consent for medical information relating to a claim to be disclosed to an SimplyHealth medical practitioner. It is understood that the acceptance of this application is conditional upon my declaration being true and further, that if circumstances so demand, SimplyHealth may cancel the policy by providing not less than one month's notice as set out in the Terms and Conditions. The answers on this form contain 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.

Signature:	Date:

DIRECT Debit

TriCare HEALTH FUND

Instruction 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:

Tricare Health Fund
Unit 1
De Salis Drive
Hampton Lovett
Droitwich
WR9 0QE

Service user number

8	6	5	5	1	2

FOR TRICARE HEALTH FUND OFFICIAL USE ONLY
This is not part of the instruction to your bank or building society.

SIMPLY HEALTH DENTAL PLAN

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

Reference

Instruction to your bank or building society
Please pay Tricare Health Fund 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 Tricare Health Fund and, if so, details will be passed electronically to my bank/building society.

Signature(s)

Date | Force Code
WY / GL / WM

Banks and building societies may not accept Direct Debit Instructions for some types of account

DDI1

This guarantee should be detached and retained by the payer.

DIRECT Debit

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 Tricare Health Fund will notify you 14 working days in advance of your account being debited or as otherwise agreed. If you request Tricare Health Fund 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 Tricare Health Fund 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 Tricare Health Fund 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.