

plutushealth

Health Plan joining form

To join Plutus Health and pay your membership via your payroll please complete this form.

I apply to join the Plutus Health Cash Plan and if accepted, agree to the Terms & Conditions as may apply (subject to my right to give 14 days' notice of withdrawal). I authorise my payroll to deduct the amount(s) below.

Full Name: Mr/Mrs/M	liss			
Date of Birth:		Telephone:		
Address:				
		Postcode:		
Email:		Place of Work:		
Department:		Clock / Payroll Ref:		
Single Membersh	nip	Partner Membership (additional co	Partner Membership (additional cost)	
Foundation	£8.82 Per Month	Foundation £8.82 Per	Month	
Bronze	£13.45 Per Month	Bronze £13.45 Per	Month	
Silver	£22.74 Per Month	Silver £22.74 Per	Month	
Gold	£32.03 Per Month	Gold £32.03 Per	Month	
If you have chosen to add a partner membership please complete the following:				
Full Name: Mr/Mrs/N	fliss			
Date of Birth:		Email:		
Signature:		Date:		
Partners Signature: (if joining)		Date:		
If you would like to add your partner or children under the age of 16 as dependents, in order to claim inpatient benefit on your membership, please contact the office.				
Assessing your Demands & Needs for the Plutus Health Policy Would you (and your partner, if applying for an additional policy) benefit from financial assistance towards a range of health care costs now and in the future, e.g. costs incurred for optical care, dental treatment, physiotherapy, osteopathy, chiropractic, acupuncture or hospital inpatient treatment?				
No I (we) wouldn't	Yes I (we) would	Please tick the appropriate box	Please tick the appropriate box	
Have you (or your partner, if applying for additional policy) an existing policy in place which contributes to the costs of your everyday healthcare needs?				
Yes I (we) have	No I (we) don't	Please tick the appropriate box		
*If both unshaded boxes are ticked, this product meets your demands and needs.				
Data Protection Plutus Health are committed to protecting your data, respecting your privacy and complying with data protection legislation. Please refer to the privacy notice on our website www.plutushealth.co.uk.				
Plutus Health may contact you from time to time with marketing offers and information we believe will be of interest to you. To opt in please tick the box(es);				
Email Direct mail Remuneration disclosure - Our sales agents receive a salary and may receive a bonus based on sales.				
Plutus Health WHA House Cardiff Cate Dusiness Dady Cardiff CT27 0DD				

www.plutushealth.co.uk

Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority

Tel: 01633 266152 / 250112 Freephone: 0808 178 1179