



wpa.org.uk

# Application form.

Effective from March 2008

Intermediary/Adviser ID

Office use only

## Providential

PD

### LARGE PRINT FORMS ARE AVAILABLE UPON REQUEST.

Thank you for applying to join WPA. The questions on this form are important. Please take your time to answer all of them as fully as possible. Alternatively you can apply online at wpa.org.uk

If you need help to complete this form, please speak to your insurance adviser or WPA on 01823 625050. Full policy details, including a complete list of general exclusions, can be found in 'A Guide to your Policy', available at wpa.org.uk or on request.

PLEASE COMPLETE ALL SECTIONS IN FULL, IN BLACK INK USING BLOCK CAPITALS. WHERE YOU HAVE A CHOICE OF ANSWER PLEASE TICK THE MOST APPROPRIATE BOX.

Please also ensure that you read the Terms & Conditions in Section 7 and sign the Declaration in Section 8.

## 1. THE COVER YOU WOULD LIKE

Please note that Providential is available to you as the primary policyholder if you are aged between 18 and 65

Who is the application for

A new policyholder (and family members)

Adding new family members to an existing policy

If you have or have previously had a WPA policy, what is/was your customer number

\_\_\_\_\_

When would you like your cover to start

\_\_\_\_\_ (dd/mm/yy)

This date cannot be before the date this form is signed or more than 1 month in advance.

## 2. TELL US ABOUT YOU

Title \_\_\_\_\_

Male

Female

Date of birth \_\_\_\_\_ (dd/mm/yy)

First name \_\_\_\_\_

Middle name \_\_\_\_\_

Surname \_\_\_\_\_

What is your occupation (If retired please give occupation before retirement)

\_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Postcode

\_\_\_\_\_

Home telephone number \_\_\_\_\_

Work telephone number \_\_\_\_\_

Mobile telephone number \_\_\_\_\_

E-mail address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you like to be contacted

Standard Post

Notification by E-mail <sup>1</sup>

All communication by E-mail <sup>2</sup>

- 1 With this mode of contact we will advise you of correspondence that can be viewed or downloaded from the secure area of our website. The email itself will not contain any personal information or attachments.
- 2 If you select this mode of contact, we will attach all correspondence to the e-mail for you to view or download.

Please note that E-mails are a useful way for us to communicate with you and you to contact us – but please remember that the e-mail address you give us must be secure and not accessible by anyone else (e.g. a work e-mail address). By providing your e-mail address on this form you are consenting to its use for services which may include claim and medical information as well as the administration of your policy.

### 3. ADD FAMILY MEMBERS TO THE POLICY

To be eligible for inclusion on your policy any additional people must be under the age of 65 and reside at your address.

If you require additional space please continue on a separate sheet of paper.

#### 2nd PERSON TO BE COVERED

Title \_\_\_\_\_  Male  Female \_\_\_\_\_ Their date of birth \_\_\_\_\_ (dd/mm/yy)

Their first name \_\_\_\_\_ Their middle name \_\_\_\_\_

Their surname \_\_\_\_\_

Their relationship to you \_\_\_\_\_

What is their occupation \_\_\_\_\_  
(If 18 or over; if retired please give occupation before retirement)

#### 3rd PERSON TO BE COVERED

Title \_\_\_\_\_  Male  Female \_\_\_\_\_ Their date of birth \_\_\_\_\_ (dd/mm/yy)

Their first name \_\_\_\_\_ Their middle name \_\_\_\_\_

Their surname \_\_\_\_\_

Their relationship to you \_\_\_\_\_

What is their occupation \_\_\_\_\_  
(If 18 or over; if retired please give occupation before retirement)

#### 4th PERSON TO BE COVERED

Title \_\_\_\_\_  Male  Female \_\_\_\_\_ Their date of birth \_\_\_\_\_ (dd/mm/yy)

Their first name \_\_\_\_\_ Their middle name \_\_\_\_\_

Their surname \_\_\_\_\_

Their relationship to you \_\_\_\_\_

What is their occupation \_\_\_\_\_  
(If 18 or over; if retired please give occupation before retirement)

#### 5th PERSON TO BE COVERED

Title \_\_\_\_\_  Male  Female \_\_\_\_\_ Their date of birth \_\_\_\_\_ (dd/mm/yy)

Their first name \_\_\_\_\_ Their middle name \_\_\_\_\_

Their surname \_\_\_\_\_

Their relationship to you \_\_\_\_\_

What is their occupation \_\_\_\_\_  
(If 18 or over; if retired please give occupation before retirement)

#### 6th PERSON TO BE COVERED

Title \_\_\_\_\_  Male  Female \_\_\_\_\_ Their date of birth \_\_\_\_\_ (dd/mm/yy)

Their first name \_\_\_\_\_ Their middle name \_\_\_\_\_

Their surname \_\_\_\_\_

Their relationship to you \_\_\_\_\_

What is their occupation \_\_\_\_\_  
(If 18 or over; if retired please give occupation before retirement)



## 7. TERMS & CONDITIONS – PLEASE READ CAREFULLY

### WHAT INFORMATION DO WE HOLD AND WHY

Except where stated below, we never disclose any personal information about customers to third parties. We take our responsibility regarding the confidentiality of our customers' personal information very seriously. Any information you give to us on this application form (your name, address, bank details and medical history) will be processed accurately and held securely in accordance with the Data Protection Act 1998 (DPA).

By signing this form you are giving your consent for us to use your data as set out below.

How we may **use** your personal data or disclose it to third parties

- To process your claims and administer your policy;
- To liaise with your treatment provider regarding treatment details and costs;
- To process claims that are also covered by another insurer or other party;
- To help us develop services that we think may be in your interest;
- For statistical analysis to help us to assess how the policy you belong to is used;
- To detect and prevent fraud or improper claims. We may check your details with a fraud prevention agency/agencies and if you give us false or inaccurate information and we suspect fraud, we will record and investigate this.

### In the course of administering your policy we may disclose:

- Administration and claims data to the staff of WPA and its subsidiaries, FSA registered appointed representatives, agents and medical advisors;
- Data to countries outside the EEA which may not have data protection legislation in place. However, a contract will be held to ensure that your information is protected and we will remain bound by our obligations under the Data Protection Act.

We at WPA may advise you by letter, telephone, electronic mail or otherwise of other services or products which we believe that you may be interested in. If you do not wish to receive such information please tick the box below.

No

### FRAUD/THEFT/DISHONESTY/JUDGEMENTS

Do you, or any person named on this application form, have any unspent criminal conviction evidencing fraud, theft or dishonesty or have you, or any person named on this application form, ever had an insurance policy declined or cancelled by an insurer or have a current County Court Judgement (CCJ) or Bankruptcy Order against you or have entered into Individual Voluntary Arrangements (IVA)?

Yes  No



If you have replied YES to the above question, please provide full details in Section 9 or on a separate sheet. NB: You have a continuing duty to tell us of any unspent criminal conviction that may have been acquired, or any such cancellation, while the policy is in force.

### IMPORTANT INFORMATION

- The policy will not begin until we have confirmed acceptance of your application.
- If you have not asked us for advice in choosing this policy please give careful attention to the Policy Summary.
- Before you sign the declaration, please check that the information you have given is complete and accurate. Please then ensure that you accept these Terms & Conditions by signing the Declaration in Section 8.
- When your application is accepted, WPA will send you the rules of the policy – these can be requested at any time or can be viewed at [wpa.org.uk](http://wpa.org.uk) – and provide the full details of what your policy does and does not cover. You will also be sent a certificate of registration.
- Please check all these documents before you cancel any dental insurance policy you already have. It is important that you understand what the WPA policy you have chosen covers and it meets your needs.

- Please note we can NOT accept your application if the start date is more than 1 month in advance.
- Cover cannot be backdated.
- Unless you tell us that you want to cancel your policy, the policy will automatically be renewed 12 months from the start date of the contract and each year thereafter, regardless of how you have chosen to pay your premiums. We will notify you 21 days prior to renewal detailing any changes to your policy including premium changes.
- Please note that there is a 3 month qualifying period from the day you join the policy for General Dental Treatment and a 14 day qualifying period for Dental Emergencies. Emergency benefit applies only to treatment received for the relief of acute pain, swelling or haemorrhaging associated with the teeth, jaws or soft tissues of the mouth.

### CANCELLATION

- If you are not satisfied with your policy and the benefits it provides you have the right to cancel your policy provided you notify us within 14 days (28 days if purchased online) of receiving your policy documents. If you do not exercise this right within this notice period then you are committed to the cover and premium for the rest of the cover period. Should you wish to cancel during this period please write to Western Provident Association Limited, Private Client Division, Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE or e-mail [pccd@wpa.org.uk](mailto:pccd@wpa.org.uk). Please return the Certificate of Registration with your notice to cancel.

### DECLARATION – FOR ALL APPLICANTS

1. I wish to apply for the cover indicated on behalf of myself and/or the other people listed on this form.
2. I and they have checked that the information given is correct and complete, especially if I have not filled in the form myself.
3. I undertake to keep to the rules of the policy.
4. I undertake to pay the premiums and have completed the necessary form of authority.
5. I have read and understood the Important Information above.
6. I understand that I will not be covered for treatment for any illness or injury which started on or before the date the policy starts, even if the reason for any symptoms have not yet been diagnosed, with the exception of General Dental Treatment.
7. I understand that in buying this policy I am consenting on behalf of myself and any other people listed on this form to relevant policy and claims data being disclosed to WPA staff and subsidiaries, FSA registered appointed representatives, agents and medical advisors.
8. I will not hold a dental policy with any other insurer after the qualifying period.
9. I confirm on behalf of myself and each family member that we have visited a UK registered dentist for either a dental check-up or dental treatment within the 18 month period prior to the application to join the policy.
10. I agree to credit checks being undertaken upon my application.
11. I declare that I and other people listed on this form reside in the UK for at least 6 months a year and I understand that cover will automatically become void for individuals who leave the UK to live elsewhere for more than 6 months a year.
12. As the policyholder I am responsible for ensuring that I have shown the leaflet entitled 'Important Information About Our Insurance Services' to each applicant listed on this form to ensure consent is given for WPA to use and disclose personal data in accordance with the terms set out above (and in full in 'A Guide to Your Policy'). I understand that WPA will normally write to the policyholder. I agree that if a family member does not wish WPA to correspond with the policyholder and they are aged 18 or over, they will take out an individual policy in their own right. I am aware that copies of this leaflet are available by visiting [wpa.org.uk/importantinfo](http://wpa.org.uk/importantinfo)

## 8. DECLARATION – I ACCEPT THE TERMS & CONDITIONS

Please make sure you have ticked all the boxes below before signing the Declaration:

You have included all persons to be covered on the policy and selected their level of cover (where applicable):

You have read and understood the Terms & Conditions:

All persons to be included on the policy have read and understood the Terms & Conditions:

Your signature

Date  
(dd/mm/yy)

We reserve the right to ask you for proof of your identity when you apply for a WPA policy and at any time thereafter when appropriate.





## 12. CREDIT CARD CONTINUOUS AUTHORITY & CARD DETAILS

**To: Western Provident Association Limited. I authorise you, until further notice in writing, to charge my MasterCard/Visa account (not applicable to Maestro) unspecified amounts in respect of my plan premiums when they become due. A 1.5% surcharge applies to credit card payments (not Maestro).**

Please charge my  MASTERCARD  VISA  MAESTRO

Card number \_\_\_\_\_

Expiry date \_\_\_\_\_ (mm/yy) Issue No. \_\_\_\_\_ Maestro Card Only

Name (as on card) \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Postcode \_\_\_\_\_

Telephone number \_\_\_\_\_

Card Holder's Signature  \_\_\_\_\_  Date (dd/mm/yy) \_\_\_\_\_

## 13. DIRECT DEBIT INSTRUCTION



### Instruction to your Bank or Building Society to pay Direct Debits

Please fill in the whole form and send it to:  
**Private Client Division, WPA, Rivergate House,  
 Blackbrook Park, Taunton, Somerset, TA1 2PE**



Originator's Identification Number 7 6 8 1 9 8

Name and full postal address of your Bank or Building Society

To: The Manager	Bank/Building Society
Address	
Postcode	

Branch Sort Code

\_\_\_\_\_

WPA reference number **(FOR WPA OFFICIAL USE ONLY)**

\_\_\_\_\_

### Instruction to your Bank or Building Society

Please pay Western Provident Association 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 Western Provident Association Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s)

\_\_\_\_\_

Signature(s)	Date
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Bank or Building Society Account Number

\_\_\_\_\_

**Banks and Building Societies may not accept Direct Debit Instructions for some types of account.**

## 14. DIRECT DEBIT GUARANTEE – PLEASE RETAIN FOR YOUR RECORDS



- This Guarantee is offered by all Banks and Building Societies that take part in the Direct Debit Scheme. The efficiency and security of the Scheme is monitored and protected by your own Bank or Building Society.
- If the amounts to be paid or the payment dates change WPA will notify you 5 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by WPA or your Bank or Building Society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your Bank or Building Society. Please also send a copy of your letter to us.

WPA is authorised and regulated by the Financial Services Authority (FSA). The FSA website may be checked at [www.fsa.gov.uk/register](http://www.fsa.gov.uk/register) for WPA number 202608.



FS 28452

WPA is one of very few insurance companies worldwide to have been certified to the ISO 9001:2000 Quality Standard. In addition, Western Provident was awarded the British Standard Institute's 'Gold Standard' of Company Wide registration in May 1997 — the 24th company in the world to achieve this accolade. So the standards of service that you can expect are truly world class.



WPA is a member of the Financial Ombudsman Service, so you can be assured that any complaints are addressed seriously and objectively. Details of WPA's commitment to resolving customer complaints are included in your scheme literature.



EMS 505226

WPA is one of the first UK companies to achieve the environmental quality standard.

WPA customers are covered by the Financial Services Compensation Scheme (FSCS) which can entitle customers to compensation should an insurer become insolvent. Further information can be found at [www.fscs.org.uk](http://www.fscs.org.uk)



[wpa.org.uk](http://wpa.org.uk)

## Enjoy life. Insure health.

### Western Provident Association Limited

Rivergate House, Blackbrook Park, Taunton, Somerset, TA1 2PE.

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