

Office use only: Ref

Applying couldn't be easier

To apply to join the Morrisons health care cash plan, simply print and fill in this form and sign the declaration. Existing customers can also use this form to change cover level and/or add a family member by filling in the 'Your details' section and the relevant section(s) to amend your policy. To authorise the changes you must sign the declaration.

Have you been introduced by an existing customer? If so, please provide their details below.

Title	First name	Surname
Postcode		Policy number
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	

Your details

Please make sure you read the policy summary below and the Insurance Product Information Document provided separately with your policy documents. Please tick the relevant box below to indicate if you want to apply to either join the Morrisons health care cash plan or change an existing policy.

I am: A new customer An existing customer changing cover level and/or adding a family member

Title	First name	Surname
Address		
		Postcode
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone
Email		

Pay to cover your partner/family member (optional)

Title	First name	Surname
Address (if different to yours)		
		Postcode
Date of birth	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Phone
Email		

The email address for your partner/family member must be different to yours.

Add up to four dependent children under the age of 18 for free

Dependent 1 Master/Miss*	Dependent 2 Master/Miss*
First name <input type="text"/>	First name <input type="text"/>
Surname <input type="text"/>	Surname <input type="text"/>
Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of birth <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

*Delete as appropriate. Please continue on a separate sheet of paper if you wish to add more than two dependent children.

Choose your level of cover

Please choose your level of cover, and partner/family member cover if needed, by ticking the relevant box(es). Premiums include insurance premium tax (IPT) and are deducted from your salary.

Cover level	Level 2	Level 3	Level 4	Level 5	Level 6
Four weekly premium (per person)	£7.80	£11.76	£15.72	£20.28	£26.52
Your level of cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Partner/family member level of cover	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

▶ Please continue to complete your application.

Payroll deduction payment instruction

Please fill in this section so we can instruct your payroll department to deduct your premiums from your salary.

Enter your Morrisons location here:

Employee ID number

Please enter the total premium to be deducted from your pay

£

Direct Credit - Fill in this section to have your claims paid into a bank account.

If you do not fill in this section your claims will be paid by cheque. If you are paying for your partner/family member, their claims will be paid by cheque until they provide their claims payment details. To register for direct credit at a later date, simply contact our customer support team or do this online via the secure customer area.

Full name of account holder

Name of bank

Sort code

Account number

I authorise Sovereign Health Care to pay my claims into this bank account until further notice.

Your marketing contact preferences

We'd like to keep you updated about the latest offers, products and services from Sovereign Health Care and its group companies that may be of interest to you. Please tick the relevant box(es) below to indicate how you would like to be contacted by us. Please be assured that we will never sell your data on to third parties and you can withdraw your consent at any time.

I consent to receiving information by: Post Phone Email Text

Declaration

I want to apply to join the Morrisons health care cash plan provided by Sovereign Health Care or, I am an existing customer and I want to apply to change my policy. I and anyone else detailed on this application apply for cover under the Morrisons health care cash plan and declare that any information contained on this application is to the best of my knowledge true and complete. I confirm that where I have provided information about another person within this form for partner/family member cover, I have their permission to provide the information to Sovereign Health Care, and for it to be used in the same way as my own.

I authorise the amount noted to be deducted from my salary and paid to Sovereign Health and Insurance Services Ltd. If premium rates change, subject to Sovereign Health Care giving me 30 days notice, the revised amount may also be deducted from my salary. I understand and accept the policy summary, including the key limitations and exclusions and the statement of demands and needs. I understand that this insurance will automatically renew each month until it is cancelled or I allow it to lapse. I/We understand that certain benefits have a qualifying period, or a qualifying period for pre-existing conditions, and that I/we will not be able to claim for these benefits until the relevant qualifying period has ended. I/We agree that Sovereign Health Care may request a medical report from a GP or health care provider/practitioner to verify future claims. I/We agree to be bound and abide by the policy terms and conditions.

Data Protection Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal information (**'Data Protection Legislation'**) and we will store and process any personal information collected by us in line with Data Protection Legislation. We will use your personal information to set up and manage your policy, take payments for premiums payable, comply with our contractual obligations, assess and process claims, prevent crime (including fraud and money laundering) and to comply with any legal requirements that apply. We will also need to share your personal information with your employer to deduct your policy premiums from your salary. For more details on how we use your personal information, including sharing it with third parties, how we keep your information secure and your rights relating to the information we hold about you, please see our privacy policy on our website (or contact us if you would like us to send you a copy).

Your application to join or change an existing policy is subject to acceptance by Sovereign Health Care and we reserve the right to refuse your application for any reason without providing an explanation. Your policy will be subject to our terms and conditions, which we will provide to you with your policy documents.

Your signature

Date

Please make sure you have filled in all sections and signed the declaration.
Please detach and return in an envelope to: FREEPOST SOVEREIGN HEALTH (no stamp or other address details needed).

Policy summary

This is a summary of the key features of the Morrisons health care cash plan. This summary is for your guidance only and will not form part of our contract with you. Our contract with you will be on the terms of your application and our full terms and conditions which we will provide with your policy documents and are available on our website at www.sovereignhealthcare.co.uk/colleaguecashplan along with the Insurance Product Information Document. For the purposes of our contract, you will be classed as a 'consumer' (also known as a retail client). The plan allows you to claim money back towards a range of everyday health care expenses as detailed in the table of benefits and the policy terms and conditions available on our website.

Premium payments and frequencies

Premium costs are shown on the table of benefits and include insurance premium tax (IPT) at the current rate. Premiums are deducted four weekly from your salary and paid to Sovereign Health and Insurance Services Ltd by your employer. Your policy is a rolling contract. This means it will continue until you or we end it.

Policy start date, renewal and ending your policy

Cover will start on the date shown on your policy certificate (your "start date") and will renew automatically each month until it is cancelled, or you allow it to lapse. You can end your policy at any time by giving us at least 30 days notice.

Key features and benefits

There are 5 levels of cover so you can choose the level that best suits your needs. Cover is for you as an individual with up to four dependent children covered for certain benefits at no extra cost. Cover for dependent children ends when they reach their 18th birthday. You also have the option to cover your partner and/or a family member.

Dental and optical benefits pay back at 100% of the costs you have incurred up to your chosen cover level maximum each claiming year. All other benefits (except hospital stays, recuperation or birth/adoption) pay back 50% of the costs you have incurred up to your chosen cover level maximum each claiming year. Any hospital stays are paid either on a per day or per night basis. Birth/Adoption and recuperation benefits are fixed payments determined by your cover level.

Key limitations and exclusions

You can apply to join the Morrisons health care cash plan as long as you are employed by Morrisons and a permanent UK resident. If you keep to the policy terms and conditions you can continue to hold a policy for as long as you are an employee of Morrisons. If you stop being a Morrisons employee you, your partner/family member and/or dependent children will no longer be eligible for cover under the Morrisons health care cash plan. However you may be able to transfer to a different Sovereign Health Care cash plan.

You can claim straightaway for treatment received on or after your policy start date except for benefits with a qualifying period. The birth/adoption benefit has a 6 month qualifying period. A 6 month qualifying period for pre-existing conditions applies on physiotherapy/osteopathy/chiropractic/sports massage, hospital in-patient, recuperation, hospital day case admission, hospital consultant fees and diagnostic tests, hearing aids and specialist medical aids. You must send a claim within 12 months of the date any treatment was received or the completion date of any hospital treatment.

Cooling off period – your right to change your mind

If you decide your policy does not meet your needs for any reason, you can cancel it within 14 days of the cover starting or

from the day you received your policy documents, by telling us in writing or phoning 01274 841130 (the "cancellation period").

Any premiums paid during the cancellation period will be refunded. Premiums will not be refunded if a claim has been made during the cancellation period or after the cancellation period has ended. Sovereign Health Care's normal terms and conditions apply thereafter.

Our right to change your policy

It may sometimes be necessary for us to change your policy, including, for example, the amount you pay for it, the benefits available to you under it and the rules relating to it. If we make a significant change we will try to give you at least 30 days notice in writing.

How to claim

To make a claim, fill in a claim form and send it to us, either online or by post, with the named receipt or relevant documentation. For hospital claims, you can either provide a copy of your hospital discharge summary, or have the relevant section of the claim form filled in and stamped by the hospital/medical centre where you were admitted. Accepted claims will be paid by cheque or into your bank account if you provide us with your account details. See the terms and conditions for full details about how to claim.

Complaints procedure – your right to complain

We pride ourselves on our customer service, however we know that occasionally you may be unhappy with the service you receive. If you are not satisfied with any part of our service please contact our Customer Support Manager with details of your complaint:

Phone: 01274 841130. Lines are open Monday to Thursday from 9am to 5pm, and Fridays from 9am to 4pm.

Email: help@sovereignhealthcare.co.uk

Write to: Customer Support Manager, Sovereign Health Care, 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.

To help us deal with your complaint quickly, please quote your name and policy number. If you are unhappy with the response you receive from us, you can refer your complaint to the Financial Ombudsman Service, Exchange Tower, London E14 9SR. The Ombudsman will only consider your complaint after you have written confirmation from us that your complaint has been through our full complaints procedure.

Financial Services Compensation Scheme (FSCS)

We are covered by the FSCS. In the unlikely event of us being unable to meet our financial obligations to you, you may be entitled to claim compensation from the scheme. More information about the FSCS is available at www.fscs.org.uk or by calling 0800 678 1100.

Statement of demands and needs

Do you require insurance to help cover your everyday, routine health care costs? This policy meets the demands and needs of a person who wishes to claim money back towards specified health care items and treatments received during the term of the policy. Sovereign Health Care is the insurer and we do not provide advice, or make any recommendations, about our insurance products however we will provide the information you need to make your own decision. Sovereign Health Care employees who sell this insurance product are remunerated by way of a basic salary and bonus payments linked to their individual performance.

Sovereign Health Care is a company limited by guarantee. Registered in England no 85588. Authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Sovereign Health and Insurance Services Limited is a wholly owned subsidiary of Sovereign Health Care. Registered in England no 7401863. Authorised and regulated by the Financial Conduct Authority. Sovereign Assured Partners Limited is a wholly owned subsidiary of Sovereign Health Care. Registered in England no 10224830. Registered office: 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.