

MEDEX PROTECT LIMITED NEW BUSINESS INSTRUCTION & CLIENT AGREEMENT – INTRODUCED BUSINESS

Thank you for selecting The Medex Protect, Medical Excess and Shortfall Insurance Plan. To ensure we provide the very highest standards of service, please complete this form, sign the Agreement and return to us at your earliest convenience.

Company Name:

Total Number of Employees Covered On PMI:

Current Private Healthcare Provider (PMI):

PMI start date:

Commencement Date:

Initial Period:

COVER:

Plan 1 – 500 Xs - Full Cover Plan

Plan 2 – 250 Xs - Full Cover plan

Plan 3 – 150 Xs - Full Cover Plan

OPENING MEMBERSHIP DECLARATION (FUNDED BY THE EMPLOYER)

Single:

Couple:

Family:

Single Parent:

Total:

COMPANY CONTACT DETAILS

Contact Name:

Job Title:

Telephone Number:

E-mail Address:

Company Address:

Post Code:

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INTERMEDIARY / INSURANCE BROKER CONTACT DETAILS:

Intermediary Name:

Consultants Name:

Telephone Number:

E-mail Address:

Intermediary Address:

Post Code:

CUSTOMER AGREEMENT & DECLARATIONS

This Agreement shall be for the duration of the period shown above (the Initial Period), unless terminated by either party, such notice to expire at the end of the Initial Period or at the end of any Subsequent Period.

The annual premium per employee is fixed for the Initial Period. However, Medex Protect Limited will require you to make an annual declaration of employee numbers during each year of this Agreement, so that it can calculate the total cost for the following year of the Agreement. Medex Protect Limited reserves the right to increase the annual premium per employee after the Initial Period.

Provision of Services

Medex Protect agrees, pursuant to this Agreement, to provide Medical Excess and Shortfall Insurance Cover, as detailed within the attached Policy Wording. Medex Protect Limited agrees to provide such services in a conscientious and timely manner and shall exercise all reasonable skill care and diligence in the performance and discharge of the said services.

If you chose to terminate it early, at any time during the Initial Period, then you shall be liable to pay the full balance of the cost outstanding for the remainder of the Initial Period.

Paying for our service

Payment in full by BACS for the agreed level of cover.

Complaints

If you wish to register a complaint, please write to: Medex Protect Limited, Complaints, Health Shield Friendly Society Limited, Electra Way, Crewe Business Park, Crewe, CW1 6HS. If you can't settle the complaint with us, you are entitled to refer it to the Financial Ombudsman Service. Full details of our complaint's procedure are available on request. info@medexprotect.co.uk

Confidentiality

In this clause, confidential information means all information disclosed between us under the terms of this Agreement including, but not limited to, information relating to your employees, their health and welfare.

Accordingly, during the term of this Agreement and after termination, both of us agree (1) not to use confidential information for a purpose other than the performance of our respective obligations under this Agreement (2) not to disclose confidential information to any person except with the other party's consent and (3) to make every effort to prevent the use or disclosure of confidential information within the terms of this Agreement.

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Governing Law

This Agreement and any matter arising from or in connection with it, shall be governed by and construed in accordance with English Law.

How we use personal data

We rely on legitimate interest as the lawful basis on which we collect and use personal data.

Our legitimate interests arise as the processing of personal data is necessary to enable us to set up and administer our products and services, including the payment of claims.

This includes the processing of personal sensitive data, such as data relating to health, which we may collect when requesting pre-existing conditions prior to set up of a product and when we assess a claim for payment.

It also includes processing personal data for the purposes of identifying products and services that may be relevant (known as 'profiling') and for aggregated analysis to improve our products and services. Where we undertake electronic marketing (under the Privacy and Electronic Communications Regulation) we will collect your employees' explicit consent to do.

We have considered the impact of our data processing on your employees and have concluded that the purpose of our processing is likely to be within their legitimate interests and expectations when purchasing our products and services and will not harm your or your employees' rights and interests. If you have any concerns about the way that we process data then you have a number of rights available to you, as explained in our main Privacy Policy.

Please refer to our full privacy policy which is available at www.healthshield.co.uk/privacy-policy or call 0800 787 9304 to request a paper copy. Please refer any Data Protection Queries to DPO@healthsheild.co.uk

Customer Consent

I understand and consent to the terms provided and hereby authorise the transfer of the required information on a confidential basis. I agree that this Agreement will come into effect on the date signed below. But I understand cover will not be invoked by Medex Protect Limited until all monies have been paid and cleared, unless this has been agreed in advance by an authorised Medex Protect Limited representative.

I am duly authorised by the Customer named below to enter into this Agreement on its behalf.

Company Name:

On behalf of Medex Protect Limited

Contact Name:

Signature:

Job Title:

Date:

Medex Protect, Medical Excess and Shortfall Insurance is provided by Medex Protect Limited, which is authorised and regulated by the Financial Conduct Authority (FCA Ref Number: 735475). Medex Protect Limited is both a subsidiary of, and underwritten by Health Shield Friendly Society Limited.

Health Shield Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority.

Medex Protect Limited is registered in England – Company Registration Number 8792006. Registered Office: Electra Way, Crewe Business Park, Crewe, CW1 6HS