

Annual travel insurance scheme

Application Form

- Please complete this form and return to BBCPA 50Plus Travel Insurance, CSIS, 1st Floor, Gail House, Lower Stone Street, Maidstone, Kent ME15 6NB
- Please complete this form in ink using **BLOCK CAPITALS**

1. L	ead member details									
1.1	Your title and name: Mr Mrs Ms Miss Other:	1.3	Your home address:							
	First name:		Postcode:							
	Surname:	1.4	Your phone number: (including the area code)							
1.2	BBCPA Membership Number: B B C P A	1.5	Your date of birth: D D M M Y Y							
	Your Confirmation Letter and Insurance Documents will be sent electronically to the email address you provide:	Email address:								
2. Details of all family members to be included under your plan										
2.1	Family member's first name:		Family member's last name:							
	Relationship to lead member:		Your date of birth: Gender: DDDMMMYY Male Female							
2.2	Family member's first name:		Family member's last name:							
	Relationship to lead member:		Your date of birth: Gender: DDDMMYYY Male Female							
2.3	Family member's first name:		Family member's last name:							
	Relationship to lead member:		Your date of birth: Gender: DDMMMYY Male Female							
2.4	Family member's first name:	Family member's last name:								
	Relationship to lead member:		Your date of birth: Gender: Male Female							

	CONFIDENTIAL
3. Cover details	
3.1 Level of cover to be provided: Comprehensive Worldwid 3.2 Type of cover to be provided: Individual Couple 3.3 Cover to commence: Current Scheme Year * Please note: Applications for Insurance cover to begin at next scheme renewal can- As stated on the dedicated BBCPA 50Plus Travel Insurance website 'M payable even if they join midway through the insurance year which ru underwritten; they join the BBCPA 50Plus scheme which enables the w 4. Data Protection Regulation - How your data is ma To set up and manage your Insurance, we (BBCPA 50Plus Travel Insurance) will hold and use information about you and any of your family members. This information may have been supplied by you, family members or healthcare professionals and providers. We collect your information through our administrator, Civil Service Insurance Society, and your premium is processed by them on our behalf. Once collected your information will be shared with your insurer, Lloyd's Syndicate 4444 which is managed by Canopius Managing Agents Limited. Your insurer has appointed Roger Rich & Company to administer any claims you may have. Should you have a medical emergency your information will be shared with Mayday Assistance. Your information may also be accessible by IT and other contractors for them to meet our operational needs. Your data will be used to provide you with quotes or to administer your insurance, whilst we and those administrating your insurance may analyse your insurance data with that of others to aid product design and performance. None of the controllers or processors of your information will share your information with any other party without your consent. As well as communicating with your healthcare providers we provide non sensitive information to your information to countries outside of the European Economic Area (EEA) though when doing so take steps to ensure companies working for us give an appropriate level of protection. We call the lead member the "Covered Party" under the Annual Travel Insurance Scheme, and the	Single Parent Family Next BBCPA 50Plus Scheme Renewal Date (1st April)* only be made within 30 days prior to 1st April. dembers can join at any time, however, the full annual cost will be ns from the 1st April. This is because members are not individually vider benefit of fixed premiums and insurance terms to be offered.
insured to travel, we send most of our written communications about the insurance and about claims to the lead member.	
5. Declaration	
I declare that to the best of my knowledge, the information contained on this application is true and correct; I have read the BBCPA 50Plus Travel Insurance Demands & Needs and Terms of Business and agree to be bound by them unless I notify BBCPA 50Plus Travel Insurance of my wish to cancel the insurance within 14 days of receipt of my insurance documents. Please note: If you don't take reasonable care and the information you give is inaccurate or incomplete then we take one or more of the following actions: (i) Cancel your insurance; (ii) Declare your membership void (treating your scheme membership and insurance as if it had never existed):	 (iii) Change the terms of your insurance; or (iv) Refuse to deal with all or part of any claim or reduce the amount of any claim payments. We may ask you to provide further information and/or documentation to make sure that the information you gave us when taking out; making changes to or renewing your plan was accurate and complete. You are advised to keep a record of all information supplied in connection with this application, including any letters you send us.

BBCPA 50Plus Travel Insurance is a trading name of P J Hayman & Company Limited (a registered insurance broker), authorised and regulated by the Financial Conduct Authority (Firm No. 497103). Registered Office: Stansted House, Rowlands Castle, Hampshire PO9 6DX. Registered in England No. 2534965. Travel Insurance scheme administrator: CSIS, BBCPA 50Plus Travel Insurance, 1st Floor, Gail House, Lower Stone Street, Maidstone, Kent ME15 6NB.

Date:

D D M M Y Y

5.1 Lead member's signature:

administered by:





Instruction to your Bank or Building Society to pay by Direct Debit

Payment will be administered by:

CSIS Travel Scheme 1st Floor Gail House Lower Stone Street Maidstone Kent ME15 6NB

Name(s) of account holder(s)

FOR CSIS OFFICIAL USE ONLY

Service User Number

This is not part of the instruction to your Bank or Building Society .

You will receive an Advance Notice of Collection Letter setting out the date of the first annual direct debit when your application is processed. Future annual collections for the renewal of your travel insurance will be taken on or after 1st April each year unless you advise us to the contrary. CSISTravel Scheme v.1

Please complete the white boxes below and sign where indicated.

	<u>-</u>		1	6	9	0	7	9		
			Referer	Reference (to be completed by CSIS)						
Bank/Building Society accou	ınt number									
			Instru	tion to	your B	ankorl	Buildin	g Socie	ty	
Branch sort code Name and full postal address of your Bank or Building Society To: The Manager Bank/Building Society			accour safegu I unde Travel S to my B	Please pay CSIS Travel Scheme 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 CSIS Travel Scheme and, if so, details will be passed electronically to my Bank/Building Society. Signature(s)						
Address										
	Pos	tcode	Date:	ММ	YY]				

Banks and Building Societies may not accept Direct Debit instructions for some types of account

This guarantee should be detached and retained by the payer.

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 CSIS Travel Scheme will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request CSIS Travel Scheme 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 CSIS Travel Scheme 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 CSISTravel Scheme 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.