

Scheme application form



Please refer to the "Notes on completing your application" on the back page before completing and returning this application form.

Step 1. Level of cover required

Gold or Silver or Edge

For a summary comparison of the Gold, Silver and Edge plans see **page 5** or visit **www.onemedifund.com/compare**

Step 2. Household details

House number	House name	Street name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Address line 2	Town/City	
<input type="text"/>	<input type="text"/>	
County	Postcode	
<input type="text"/>	<input type="text"/>	
Landline phone number	Locality (if not applicable please insert NA)	
<input type="text"/>	<input type="text"/>	

Step 3. Main applicant's details

Main applicant

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender Date of birth (dd/mm/yyyy) / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Spouse (if applicable)

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender Date of birth (dd/mm/yyyy) / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Step 4. Dependant's details

Dependant 1

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 2

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 3

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 4

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

(Dependant's details continued)

Dependant 5

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 6

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 7

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Dependant 8

Title (Please tick) Mr Mrs Miss Ms

Forename

Middle name(s) (Please tick if referred to by this)

Surname

Gender

Date of birth (dd/mm/yyyy)

 / /

Email address (if available)

Mobile number (if available)

Work number (if available)

Relationship to main applicant

Step 5. Who is paying your subscription? (Please tick either option 1 or 2 below)

Option 1 I will be paying my subscription personally

If you have ticked Option 1
please go to Step 7. Declaration.

or

Option 2 My employer will be paying my subscription

If you have ticked Option 2
please go to Step 6. Employer details.

Step 6. Employer details (Only to be completed if your employer is paying your subscription)

Company name

Building number/name

Street name

Address line 2

Town/City

County

Postcode

Name of onemedifund contact within company

Contact's direct telephone number

Main company telephone number

Data Protection Act 1998

By participating in the healthcare scheme, a Participant consents to the holding and processing of personal data relating to the Participant by onemedifund for all purposes relating to the operation of the scheme, including but not limited to, administering and maintaining Participant records, providing information to and receiving information from any person, including trustees, registrars, brokers or other third party administrators of the scheme and transferring information about the Participant to a country or territory outside the European Economic Area.

The Participant also consents to onemedifund processing information about claims. For the avoidance of doubt, onemedifund will not hold information about a Participant's specific medical condition, which will remain confidential between the Participant and his or her medical advisors. If you are signing this form on behalf of other Participants, you confirm that they have given their consent to the uses of the personal data as set out above.

Step 7. Declaration

Before signing and returning this application form please ensure you have referred to the notes on page 1 and ticked the boxes for statements A and B below.

- A. I have read and understand the Terms & Conditions of the scheme at: www.onemedifund.com/handbooks
- B. I declare these statements are true and complete and agree to be bounded by the rules of onemedifund. I understand the fund may refuse payment of benefits if any details supplied herein are false in any respect.

Signature

Print name

Date

Please return the completed form by post to:
onemedifund, Rossmore House, Rossmore Road East, Ellesmere Port, CH65 3DA
Or scan and email to: admin@onemedifund.com

Gold, Silver and Edge plan comparison

Summary scheme benefits	Gold	Silver	Edge
Benefit Limit (per person, per year)	No Limit	£50,000	£1000 ^[1]
Scheme Excess (per person, per year)	None	None	None
HCA Hospital Co-pay	40%	40%	n/a
Waiting Period	6 months	None ^[2]	None
Pre-existing Conditions Covered	✓	✗	✓
Physiotherapy and Complementary Therapies	✓	✓	✓
Mental Health Conditions	✓	✓	✓
Chronic Condition Benefit	✓	✗	✗
Consultations with a Specialist	✓	✓	✓
Diagnostic Tests	✓	✓	✓
Hi-tech Scans	✓	✓	✓
Hospital Charges	✓	✓	✗
Surgery Fees	✓	✓	✗
Chemotherapy and Radiotherapy	✓	✓	✗
Post Operative Physiotherapy	✓	✓	✗
Nursing at Home	✓	✓	✗
Dental Maintenance	✓	✗	✗
Dental Treatment & Implants	✓	✗	✗
Optical	✓	✗	✗
Podiatry	✓	✓	✗
Private Ambulance	✓	✓	✗
Maternity Cash Benefit	✓	✗	✗
Doctor On-call	✓	✓	✓
Health Centre	✓	✓	✓

[1] Edge plan cover is for Outpatient treatment only.

[2] Silver plan cover is subject to medical underwriting, for details visit: www.onemedifund.com/handbooks

All plans are subject to terms and conditions, for details visit: www.onemedifund.com/handbooks

More detail on the table of benefits for the Gold, Silver and Edge plans can be accessed at: www.onemedifund.com/plans

Notes on completing your application

- A. Steps 1, 2, 3, 5 and 7 **MUST** be completed by **ALL** applicants.
- B. Before you **select your level of cover** please ensure you refer to the **Gold, Silver and Edge comparison** on page 5.
A full list of benefits for all plans can be viewed at: www.onemedifund.com/plans
- C. The details of all **Dependants*** that you wish to be included on the scheme should be completed in **Step 4** on page 2.
*Dependants registered on the scheme will remain a part of it until the renewal date following the earlier of their 25th birthday or marriage.
- D. Please make sure that you have **ticked boxes A and B** then **signed, printed your name** and **dated** the **Declaration** on page 4.
- E. Completed forms can be returned by post or scanned* and emailed.
Post: **onemedifund, Rossmore House, Rossmore Road East, Ellesmere Port, CH65 3DA**
Email: admin@onemedifund.com
*Please DO NOT email your scans as a Zip file as this will be blocked by our spam filters.
- F. If you would prefer to apply online visit: www.onemedifund.com/register

Example rates

Married couple, no children

Cover required for	Band	Gold	Silver	Edge
Husband age 25, Wife age 23	Married Couple	£190.94	£136.56	£70.00

Widow with three young children

Cover required for	Band	Gold	Silver	Edge
Mother age 29, Children ages 8, 5 and 2	Single Parent Family	£149.53	£106.89	£52.50

Family with five children still living at home

Cover required for	Band	Gold	Silver	Edge
Father age 53, Mother age 54, Children ages 25, 23, 19, 15 and 11	Family and Single Person	£325.40 £96.37	£232.73 £68.92	£87.50 £35.00
NOTE: Child aged 25 requires separate "Single Person" cover.		£421.77	£301.65	£122.50

Widower and older daughter

Cover required for	Band	Gold	Silver	Edge
Father age 78, Daughter age 52	Single person (75+) Single Person (35-54)	£282.98 £127.40	£202.12 £91.12	£35.00 £35.00
NOTE: Requires 2 x separate "Single Person" cover.		£410.38	£293.24	£70.00

Current onemedifund subscription rates can be viewed at:

www.onemedifund.com/plans/