Application to join Unum dental plan:

|  |  |
| --- | --- |
| Surname |  |
| Forename |  |
| Payroll Number |  |
| National Insurance Number |  |
| Date of Birth & Gender |  |
| Department |  |
| Plan | Clear 1 [ ]  Clear 4 [ ]  Clear 6 [ ]  |
| Level of cover | Employee Only [ ]  Employee plus partner [ ]  Employee plus partner and children [ ]  Employee plus children [ ]  |
| Partner\* Forename & Surname |  |
| Date of Birth & Gender |  |
| Child\*\* 1 Forename & Surname |  |
| Date of Birth 7 Gender |  |
| Child 2 Forename & Surname |  |
| Date of Birth & Gender |  |
| Child 3 Forename & Surname |  |
| Date of Birth & Gender |  |
|  |  |

 *\*The definition of partner is someone living at the same address as the member, irrespective of his or her gender.*

 *\*\*Children are covered under the age of 21 or 23 if in full time education.*

I understand that my application to join Unum will be assessed upon my contract being in place for the length of the term of the arrangement and my earnings are over and above the premiums. This arrangement is in place for 12 months starting on 1 December 2023 and I will be liable for total value of the premium. This will be paid in 12 equal instalments deducted directly from my net salary, with the first deduction in December 2023. If you should leave the University your cover will automatically end, and payroll deductions stopped.

I understand that some or all the above personal data may be passed on to Unum Dental and that this information will be retained by the University for purposes of administering the Healthcare Plan and give my express consent for such information to be used and held.

Signed ……………………………………………………………. Date …………………………………………..

Print Name ……………………………………………………….

HR approval ………………………………………………………………