



# Annual travel insurance scheme

## Application Form

- Please complete this form and return to NFOP Travel Insurance, CSIS, 7<sup>th</sup> Floor, Colman House, King Street, Maidstone, Kent ME14 1DD.
- Please complete this form in ink using **BLOCK CAPITALS**.

### 1. Lead member details

1.1 Your title and name:

Mr  Mrs  Ms  Miss

Other:

First name:

Surname:

1.2 NFOP Membership Number:

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**Please note your Confirmation Letter and Policy Documents will be sent electronically to the email address you provide:**

1.3 Your home address:

Postcode:

1.4 Your phone number: (including the area code)

1.5 Your date of birth:

1.6 Email address:

### 2. Details of all family members to be included under your plan

2.1 Family member's first name:

Relationship to lead member:

Family member's last name:

Your date of birth:

     

Gender:

Male  Female

2.2 Family member's first name:

Relationship to lead member:

Family member's last name:

Your date of birth:

     

Gender:

Male  Female

2.3 Family member's first name:

Relationship to lead member:

Family member's last name:

Your date of birth:

     

Gender:

Male  Female

2.4 Family member's first name:

Relationship to lead member:

Family member's last name:

Your date of birth:

     

Gender:

Male  Female

**3. Cover details**

- 3.1** Level of cover to be provided  Comprehensive Worldwide Cover
- 3.2** Type of cover to be provided  Individual  Couple  Single Parent  Family
- 3.3** Cover to Commence:  Current Scheme Year  Next NFOP Scheme Renewal Date (1st March)\*

**\* Please note:**

Applications for Insurance cover to begin at next scheme renewal can only be made within 30 days prior to 1st March. As stated on the dedicated NFOP Travel Insurance website 'Members can join at any time, however, the full annual cost will be payable even if they join midway through the insurance year which runs from the 1st March.' This is because members are not individually underwritten; they join the NFOP scheme which enables the wider benefit of fixed premiums and policy terms to be offered.

**4. Data Protection Regulation / How your data is managed**

To set up and manage your Insurance, we (NFOP 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, Union Reiseversicherung AG, UK. Your insurer has appointed Travel Claims Facilities to administer any claims you may have. Should you have a medical emergency your information will be shared with Emergency Assistance Facilities. 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 policy, whilst we and those administering your policy may analyse your policy 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 intermediary (if you use one). When necessary we transfer 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.

The lead member is the Policyholder under the Annual Travel Insurance Scheme and legal owner of the Insurance. Because of this we send most of our written communications about the Insurance and about claims to the Policyholder.

By signing this form the lead member confirms that:

- any family members have agreed that the lead member can act for them to accept this travel Insurance
- the lead member consents on behalf of those family members and themselves to NFOP Travel Insurance using personal information in the ways described above.

We may pass information directly to third parties or by using shared databases. These third parties will include other insurers and law enforcement agencies. This is to prevent or investigate crime, including fraudulent or other improper claims.

If any person would like details of the information that we hold about them they should write to the Data Protection Manager, NFOP Travel Insurance, Sackville House, 143-149 Fenchurch Street, London, EC3M 6BN.

I agree by signing the Declaration that to administer my policy my information, as detailed above, may be shared with others. Also, should I wish to restrict or cease the processing of my information policy cover will no longer be available.

NFOP may market this product to all its members through its various publications and electronic media.

**Future News & Offer Approval**

Tick here if you would like to hear about special offers on other General Insurance products from the Scheme Administrator: CSIS

**5. Declaration**

I declare that to the best of my knowledge, the statements on this application are true and correct; I have read the NFOP Travel Insurance Demands & Needs and Terms of Business and agree to be bound by them unless I notify NFOP Travel Insurance of my wish to cancel the insurance within 14 days of receipt of my policy documents.

In making this application I confirm I have held an NFOP membership for the past twelve consecutive months.

**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;**

**5.1 Lead member's signature:**

- (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.

Date:

D	D	M	M	Y	Y
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administered by



## Instruction to your bank or building society to pay by Direct Debit

**Payment will be administered by:**  
**CSIS NFOP Travel Scheme**  
**Floor 7, Colman House**  
**King Street**  
**Maidstone**  
**Kent**  
**ME14 1DD**

### FOR CSIS OFFICIAL USE ONLY

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 policy will be taken on or after 1st March each year unless you advise us to the contrary.

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Please complete the white boxes below and sign where indicated.

Name(s) of account holder(s)

Service User Number

1	6	2	7	8	8
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Bank/building society account number

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Reference (to be completed by CSIS)

Branch sort code

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Name and full postal address of your bank or building society

To: The Manager	Bank/building society
Address	
Postcode	

### Instruction to your Bank or Building Society

Please pay CSIS NFOP Travel 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 NFOP Travel and, if so, details will be passed electronically to my bank/building society.

Signature(s)
Date

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