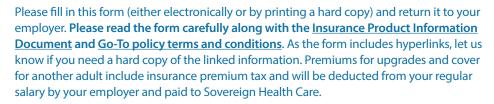
Application form for employee upgrade and to cover another adult





Section A - Employee's details										
Employer/Company name:										
Employee name:			Date of birth: D D - M M - Y Y Y Y							
Section B - Employee upgrade	·	ted below alo		of once on the state of the sta						
	h your policy doc	uments. If you	are on level 1, y	of cover as appropriate. Your current level of ou can upgrade to level 2 or 3. If you are on of cover paid for by your employer:						
If your employer pays for your Go-To cover at level 1				If your employer pays for your Go-To cover at level 2						
Upgrade levels	Level 2	Level 3	Upgrade lev	el	Level 3					
Upgrade cost per month	£5.80	£11.60	Upgrade cos	st per month	£5.80					
Select upgrade level of cover			Select upgrade level of cover							
	cated below. Plea	se note, additi	onal adult cove	ey must be under the age of 75 to be eligible for cover) r automatically ends if your employer cance ction titled 'Leaving Go-To' in the <u>Go-To polic</u>						
Title: Firs	t name:		Surname:							
Address:										
				Postcode: -						
Additional adult level of cover	Level 1	Level 2	Level 3	Date of birth: D D - M M -						
Additional adult cost per month	£8.65	£14.45	£20.25	Phone:						
Select additional adult level of cover										

Section D - Authorisation

Statement of demands and needs

Do you require insurance to help cover your everyday, routine health care costs? This policy meets the demands and needs of a person who wants to claim money back towards specified health care items and treatments received during the term of the policy. Sovereign Health Care is the insurer and we do not provide advice, or make any recommendations, about our insurance products however we will provide the information you need to make your own decision. Sovereign Health Care employees who sell this insurance product are remunerated by way of a basic salary and bonus payments linked to their individual performance.

Declaration

I want to upgrade my Go-To level of cover and/or cover another adult, as indicated above. I authorise the additional premium amounts noted to be deducted from my salary. If premiums change, subject to Sovereign Health Care giving me 30 days' notice, the revised amount may also be deducted from my salary. I understand and accept the statement of demands and needs and the terms and conditions governing the Go-To policy. I understand this insurance will automatically continue as long as premiums continue to be paid or until cover stops for any of the reasons detailed in the Go-To terms and conditions. I confirm that the information I have provided on this application form is to the best of my knowledge true and complete. I confirm that where I have provided another adult's information on this form for additional adult cover, I have their permission to provide the information to my employer and Sovereign Health Care, and for it to be used in the same way as my own. I/We agree that Sovereign Health Care may request a medical report from a GP or health care provider/practitioner to verify future claims. I/We agree to be bound and abide by the Go-To terms and conditions.

Data Protection

Sovereign Health Care and its group companies comply with the General Data Protection Regulation (EU) 2016/679 and any national laws which relate to the processing of personal information ('Data Protection Legislation') and we will store and process any personal information collected by us in line with Data Protection Legislation. We will use your personal information to set up and manage your policy, take payments for premiums payable, comply with our contractual obligations, assess and process claims, prevent crime (including fraud and money laundering) and to comply with any legal requirements that apply. We will also need to share your personal information, and the additional adult's information if applicable, with your employer to deduct any policy premiums from your salary. For more details on how we use your personal information, including sharing it with third parties, how we keep your information secure and your rights relating to the information we hold about you, please see our <u>privacy policy</u> on our website (or contact us if you would like us to send you a copy).

on our website (or contact us if you would like us to send you a copy).					
Employee signature:	Date:	-	-		

Authority and the Prudential Regulation Authority. Registered office: 2nd Floor, West Wing, The Waterfront, Salts Mill Road, Shipley, Bradford BD17 7EZ.