

## Annual travel insurance scheme

### **Application Form**

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

1. Lead member details							
<b>1.1</b> Your title and name:	1.3 Your home address:						
☐ Mr ☐ Mrs ☐ Ms ☐ Miss							
Other:							
First name:	Postcode:						
Surname:							
surfiame.	<b>1.4</b> Your phone number: (including the area code)						
1.2 NFOP Membership Number:	1.5 Your date of birth: DD MM YY						
Please note your Confirmation Letter and Policy	1.6 Email address:						
Documents will be sent electronically to the email address you provide:							
2. Details of all family members to be included u	under your plan						
<b>2.1</b> Family member's first name:	Family member's last name:						
,							
Relationship to lead member:	Your date of birth: Gender:						
	D D M M Y Y Male Female						
<b>2.2</b> Family member's first name:	Family member's last name:						
Relationship to lead member:	Your date of birth: Gender:						
	Male Female						
<b>2.3</b> Family member's first name:	Family member's last name:						
Relationship to lead member:	Your date of birth: Gender:						
	Male Female						
2.4 Family member's first name:	Family member's last name:						
	Version of the control of the contro						
Relationship to lead member:	Your date of birth: Gender:						
	Male Female						

	CONFIDENTIAL					
3. Cover details						
<b>3.1</b> Level of cover to be provided Comprehensive	Worldwide Cover					
	Couple Single Parent Family					
	Next NFOP Scheme Renewal Date (1st March)*					
* Please note:						
Applications for Insurance cover to begin at next scheme renew	val can only be made within 30 days prior to 1st March.					
As stated on the dedicated NFOP Travel Insurance website 'Mer payable even if they join midway through the insurance year w individually underwritten; they join the NFOP scheme which er be offered.	hich runs from the 1st March.'This is because members are not					
4. Data Protection Regulation / How your data is	managed					
To set up and manage your Insurance, we (NFOP Travel Insurance) will	By signing this form the lead member confirms that:					
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.	<ul> <li>any family members have agreed that the lead member can act for them to incept this travel Insurance</li> </ul>					
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,	<ul> <li>the lead member consents on behalf of those family members and themselves to NFOP Travel Insurance using personal information in the ways described above.</li> </ul>					
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 havea medical emergency your	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.					
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 to administer your policy, whilst we and those administrating your policy	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, Stansted House, Rowlands Castle, Hampshire PO9 6DX.					
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	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.					
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	NFOP may market this product to all its members through its various publications and electronic media.					
ensure companies working for us give an appropriate level of protection.  The lead member is the Policyholder under the Annual Travel Insurance	Future News & Offer Approval					
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.	Tick here if you would like to hear about special offers on other General Insurance products from the Scheme Administrator: CS					
5. Declaration						
I declare that to the best of my knowledge, the statements	(iii) Change the terms of your insurance; or					
on this application are true and correct; I have read the NFOP Travel Insurance Demands & Needs and Terms of Business	(iv) Refuse to deal with all or part of any claim or reduce the amount of any claim payments.					
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.	We may ask you to provide further information and/or documentation to make sure that the information you gave					
Please note: If you don't take reasonable care and the	us when taking out; making changes to or renewing your plan was accurate and complete.					
information you give is inaccurate or incomplete then we take one or more of the following actions:	You are advised to keep a record of all information supplied in connection with this application, including any letters you					
(i) Cancel your insurance;	send us.					
(ii) Declare your membership void (treating your scheme membership and insurance as if it had never existed);						
<b>5.1</b> Lead member's signature:	Date:					

NFOP 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: NFOP Travel Insurance, CSIS, 1st Floor, Gail House, Lower Stone Street, Maidstone, Kent ME15 6NB.





administered by



## Payment will be administered by: CSIS NFOP Travel Scheme

1st Floor

Gail House

Lower Stone Street

Maidstone

Kent

ME15 6NB

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

#### 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	
Bank/building society acc	count numb	er			Refere	nce (to	be con	npleted	by CSI	S)	
Branch sort code  Name and full postal address of your bank or building society  To: The Manager  Bank/building society				ciety	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.						
Address					Signatu	re(s)					
Postcode					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.