

Application form



Complete the Application Form and Direct Debit information and return it to Eduhealth to process. Following enrolment with Simplyhealth they will send you a Welcome Pack including a policy handbook containing all the information about your policy and how to use it.

Company name

Title	First Name	Surname	Date of birth	Lucent 1	Lucent 2	Lucent 3	Lucent 4	Lucent 5	Lucent 6
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Policyholder				Lucent 1	Lucent 2	Lucent 3	Lucent 4	Lucent 5	Lucent 6
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Dependants to be included on cover				Lucent 1	Lucent 2	Lucent 3	Lucent 4	Lucent 5	Lucent 6
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Home address

Postcode Telephone

Email

Start date* Total monthly charge £

*This must be the 1st day of the month.
If you wish the policy to commence from the 1st of the current month, please note you will be charged a full month's premium and you cannot claim for any dental injury or dental treatment prescribed, planned or taking place prior to the date we receive this application form. If no date is supplied we will assume cover from the 1st of the next available month. Where there is any discrepancy between this statement and your policy terms and conditions, this statement takes precedence.

Customer Declaration

For your own benefit and protection you should read the terms and conditions carefully before signing this declaration. By signing this declaration you are agreeing that:

- You've used the needs questionnaire and confirm that this product is suitable for you.
- You accept the terms and conditions of this policy.
- You're a UK resident and understand that the standard cancellation period detailed within the terms and conditions will apply to your application to join or upgrade.

We rely on the information you declare within this application in making our decision on whether or not to accept your application to join or upgrade your existing cover. If any information you declare is found to be false we may cancel your policy. Therefore please contact us, should you not understand any point or require a further information before signing.

Signature: _____ Date: _____