**Health Scheme – Expression of Interest**

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| Name |  |
| Address(Including Post Code)Telephone  |  |
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|  |
| Email |  |
| Date of Birth |  | Gender | Male |  | Female |  |  |
| Service No. |  | Battalion  |  |  |
| Personal Declaration |  |
| I served as a member of The Ulster Defence Regiment (Please tick the box) - Proof of Service may be required - A false declaration will result in you becoming liable for any premiums paid on your behalf under legal recourse. |  |
| Data Protection |  |
| I agree to The UDR Benevolent Fund sharing the above information with the Health Scheme provider; and retaining the contact details for the annual update of scheme records.I also undertake to advise The UDR Benevolent Fund should my contact details change (Please tick the box) – Details of The UDR Benevolent Fund Data Protection policy can be found in the attached document  |  |

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| Pilot Scheme |  |
| I wish to take part in the pilot scheme (Please tick the box)  |  |