**Health Scheme – Expression of Interest**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name |  | | | | | | | | | |
| Address  (Including Post Code)  Telephone |  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
|  | | | | | | | | | |
| 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 | | | | | | | | | |  |

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