

Health Scheme – Expression of Interest

Name						
Address (Including Post Code)						
Telephone						
Email						
Date of Birth		Gender	Male		Female	
Service No.		Battalion				
Personal Declaration						
<p>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.</p>						
Data Protection						
<p>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.</p> <p>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</p>						

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

Date: