

DriverCare Scheme APPLICATION FORM

A full explanation of the DriverCare Scheme is contained in the leaflet "DriverCare Explained" available at www.unitedrivercare.org.uk. Please read through the form before completing and make sure you understand the information you are being asked to provide. Should you require any guidance please call DriverCare on **01708 339 046**. Please return to your regional office or Allclear House, 1 Redwing Court, Ashton Road, Romford, RM3 8QQ.

Cover commences on the date on which a completed application form is received by the DriverCare Administration Unit and the first subscription is paid to the DriverCare Scheme.

IT IS IMPORTANT TO UNDERSTAND THIS SCHEME WILL NOT PROVIDE LOSS OF LICENCE BENEFIT IN RESPECT OF A PRE-EXISTING MEDICAL CONDITION.

Please fill in your details below

ALL SECTIONS SHOULD BE FULLY COMPLETED IN BLOCK CAPITALS.

Title: _____ Forename(s): _____

Surname: _____

Address: _____

Town: _____ Postcode: _____

Email:

Home Telephone:

Mobile Telephone:

Membership Number: (if known)

Date of Birth*: / /

*Loss of Licence Benefit will cease on reaching your 60th birthday or retirement (whichever is soonest) unless you are in the Supplementary Loss of Licence (Top-up) Scheme.

EMPLOYMENT DETAILS

Occupation:

Are you (Tick one box only) Employed Self Employed

Employer:

Pre-Existing Condition: relates to any physical or mental defect, infirmity, medical condition or chronic recurring illness which you could reasonably be expected to know existed at the date of entry into the Scheme and which might lead to the relevant Licensing Authority revoking or refusing to renew your professional licence.

FOR OFFICE USE ONLY

DriverCare Scheme APPLICATION FORM – CONTINUATION

Licence Type (Please Tick)

Group 1 Licence		Group 2 Licence			Other Licence	
Car Licence	<input type="checkbox"/>	PCV	<input type="checkbox"/>	LGV	<input type="checkbox"/>	Please specify: <input type="text"/>

It is important to register all licence categories that you wish to be covered.

CATEGORY OF BENEFITS

Please choose the level of cover which best suits your needs.

Cover is 95p per week if you are aged under 60 and 60p per week if you are aged 60 and over, except where indicated.

If in doubt please contact the DriverCare Administration Unit on **01708 339 046**.

Standard DriverCare

Benefit	Group 1 and Group 2 Licence Holders	Group 1 and Other Licence Holder* Conductors	Over 60 Licence Holders Conductors
Loss of Licence	£7,500	Not Included	Not Included
Assault	£1,000	£3,000	£3,000
Personal Accident	Up to £5,000	Up to £25,000	Up to £30,000
Hospitalisation	Not Included	£50 per day	£50 per day
Legal Assistance	Included	Included	Included
Tick one box only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Group 1 and Other Licence Holders may opt out of Loss of Licence cover and choose the enhanced PA/Assault/Hospital Confinement benefits instead

Wage Support Payment - up to a maximum of £15,600.

Only available to those who have opted for Loss of Licence Cover, for just an additional payment of £2 per week.

Please tick to add Wage Support Payment

DECLARATION AND CONSENT – Please now READ and COMPLETE the following carefully and SIGN below.

I declare that the information given in this application form is true and complete to the best of my knowledge and belief and I have completed the section below.

I understand that any pre-existing condition is excluded from cover.

Please Tick

I will tell the DriverCare Administration Unit about any employment changes.

Please Tick

I will tell the DriverCare Administration Unit about any changes in my state of health which may lead to the relevant Licensing Authority revoking or refusing to renew my professional licence.

Please Tick

NOTE: A copy of this completed form will be supplied on request within a period of three months after its completion. Please note that we may return the application form if completed incorrectly or if any information is missing.

Data Protection Act 1998

The information you have provided will become part of the personal data held by Unite the Union, and will be used by AllClear Insurance Services for the provision and administration of the Schemes. It may be disclosed to other companies for claims handling purposes. In addition, we may seek information from other companies to check the answers you have provided. Where fraud is suspected, we may disclose data to other parties if they request information in writing from us.

Your signature

Date

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------