

Employee ref:	
Request no:	

New Benefits Application Form

If you would like to take advantage of the new benefits for you, a spouse/partner and/or your dependent child(ren), please complete the relevant sections of the below application form. Please note all applicable fields are mandatory.

1. About 'you', the former employee			
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		
First Name		Surname	
Address <i>(include postcode)</i>			
Contact telephone number			
Email address			
NI Number			
Date of birth			
Dates of Employment	<i>You may need to provide evidence of this if your employment record is not held on our database</i>		
Place / Department			
2. Spouse/Partner details			
<i>Please provide a copy of your marriage certificate (if not done so already) and proof of cohabitation e.g. a recent utility statement.</i>			
Title (please tick)	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		
First Name		Surname	
Contact telephone number			
Email address			
NI Number			
Date of birth			

3. Dependent details

If you have more than two dependents, please complete their details overleaf

Please provide a copy of the long form birth certificate for each child if you have not done so previously.

Dependent 1

Title Mr Mrs Miss Ms Mx

First Name

Surname

NI Number (if over 16)

Date of birth

Dependent 2

Title Mr Mrs Miss Ms Mx

First Name

Surname

NI Number
(if over 16)

Date of birth

4. Benefit preferences

4.1. Health cash plan provided by Medicash

If you would like to opt in to the health cash plan provided by Medicash for you, a spouse/partner and/or a dependent child(ren), please tick the below box(es). Your details will then be passed to Medicash who will confirm your cover and send you a welcome pack.

I would like to opt in to the health cash plan for (please tick):

myself, the former employee a spouse/partner my dependent child(ren) (up to 4 dependents can be covered, up to their 24th birthday if in full-time education)

4.2. Financial coaching benefit provided by Maji

If you are interested in the financial coaching benefit provided by Maji for you and/or a spouse/partner, please tick the below box(es). Your details will then be passed to Maji who will send you an email inviting you to create an account with them.

Please note, to access this benefit, you will need to create an online account with Maji which requires an email address, please ensure you have provided your email address above.

I am interested in the financial coaching benefit provided by Maji for (please tick):

myself, the former employee a spouse/partner

4.3. Counselling/therapy benefit provided by Mynurva

If you are interested in the counselling/therapy benefit provided by Mynurva, for you, a spouse/partner and/or a dependent child(ren) please tick the below box(es).

Even if you don't have an immediate requirement for counselling/therapy by ticking the box it will allow you to access this benefit in future if needed.

Your details will then be passed to Mynurva, who will send you an email inviting you to create an account with them.

Please note, to access this benefit, you will need to create an online account with Mynurva which requires an email address, please ensure you have provided your email address above.

The Baily Thomas Provident Fund will not be made aware of the nature of the counselling/therapy sessions nor of the issues discussed.

I am interested in the counselling/therapy benefit provided by Mynurva for (please tick):

myself, the former employee a spouse/partner my dependent child(ren) (11 years of age and over)

5. Privacy

The Baily Thomas Provident Fund is committed to protecting your privacy. We will use the information you have supplied in this form to process your application and to update our records. Full details of how we process your personal data can be found in our [Privacy Policy](#).

6. Communication preferences

In order to provide better, more regular communication to beneficiaries, and to reduce our environmental impact, email will be our preferred method of communication going forwards.

If you would like to receive hard copy communication via the post, please tick this box:

7. Declaration

- I declare the information I have provided in this form is, to the best of my knowledge, accurate and true and will update the Baily Thomas Provident Fund if my information changes.
- I understand that the information I have provided will be used to process this application and to update beneficiary records.
- I understand that my personal data will be shared with Medicash, Maji and Mynurva (as applicable) for the purpose of accessing the benefits
- Where data has been provided on behalf of someone else, I declare that they are aware of this, and understand their data will be processed by the Baily Thomas Provident Fund, Medicash, Maji and Mynurva (as applicable)
- I understand that to comply with the legal reporting obligations for trustees, basic personal information will be disclosed to HMRC for inclusion on the Trust Register.
- I understand that these benefits are discretionary and could be withdrawn by the Baily Thomas Provident Fund in the future.
- I understand that these services are not provided by the Baily Thomas Provident Fund but by Medicash, Mynurva and Maji and that they are responsible for the delivery of the services to me, not the Baily Thomas Provident Fund.

- I understand that the information I have provided will be processed in accordance with the Baily Thomas Provident Fund [Privacy Policy](#)

Your Signature (<i>Applicant</i>)	
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Date	
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Your completed form should be returned to:

Baily Thomas Provident Fund
Mansfield Business Centre
Ashfield Avenue
Mansfield
NG18 2AE

Contact us:
 Telephone: 01623 473290
 Email: enquiries@bailythomasprovidentfund.org.uk
 Web: www.bailythomasprovidentfund.org.uk
If you need help completing this form, please contact us on: 01623 473290

If you have any more dependents please add them here

Dependent 3			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		
First Name		Surname	
NI Number (if over 16)			
Date of birth			
Dependent 4			
Title	<input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mx		
First Name		Surname	
NI Number (if over 16)			
Date of birth			