The Orchard Healthcare Plan
Individual Membership
Application Form

I / WE wish to become an INDIVIDUAL MEMBER(S) of The Orchard Healthcare Plan

SURNAME:.. TITLE (MR / MRS / MISS / OTHER):..

FIRST NAME(S):.. DATE OF BIRTH:..

HOME ADDRESS:..

.... POSTCODE:..

HOME TEL NO:.. MOBILE NO:..

E-MAIL:..

Please enrol me / us in the Orchard Healthcare Plan. Please tick method of payment and choice of plan below

PAYMENT METHOD (please tick one) : CHEQUE (quarterly / annual) ☐ DIRECT DEBIT ☐

Plan type	RED		GREEN		GOLD	
Monthly	£5.20	☐	£9.75	☐	£16.90	☐
Quarterly	£15.60	☐	£29.25	☐	£50.70	☐
Annual	£62.40	☐	£117.00	☐	£202.80	☐

If opting to pay by Direct Debit, please ensure you fill out a copy of our Direct Debit mandate form and return with your application to:

ORCHARD HEALTHCARE, Worcester House,
9 St Mary's Street, Worcester, Worcestershire, WR1 1HA

Please complete this section if you wish to ENROL YOUR PARTNER (Subscription will be twice the above)

PARTNER'S SURNAME:.. TITLE (MR / MRS / MISS / OTHER):..

FIRST NAME(S):.. DATE OF BIRTH:..

DECLARATION (to be signed and dated by ALL applicants)

"I have read and agree to abide by the Orchard Healthcare Plan Benefit Rules - Terms and Conditions"

SIGNED:.. SIGNED:..

DATED:.. DATED:..

ORCHARD HEALTHCARE, Worcester House, 9 St Mary's Street, Worcester, Worcestershire WR1 1HA
T 01905729090 E info@orchardhealthcare.co.uk W www.orchardhealthcare.co.uk

Orchard Healthcare is the trading name of The Worcester Hospital Contributors Association (WHCA) registered in England AC001147
The Worcester Hospital Contributors Association is authorised by the Prudential Regulation Authority and regulated by
The Financial Conduct Authority and the Prudential Regulation Authority 202815

ORCHARD HEALTHCARE
affordable medical choices

The Orchard Healthcare Plan
Direct Debit form

INSTRUCTION TO YOUR BANK OR BUILDING SOCIETY TO PAY A DIRECT DEBIT

Name and full postal address of your bank or building society

TO THE MANAGER OF: ....

ADDRESS: ....

.... POSTCODE: ....

NAME OF ACCOUNT HOLDER(S): ....

NAME OF ACCOUNT HOLDER(S): ....

BRANCH SORT CODE

		–			–		

DIRECT Debit

Originator's Identification Number

8	3	0	8	6	8

ACCOUNT NUMBER

Please pay direct debits in connection with The Orchard Healthcare Plan to WHCA from the account details in this instruction, subject to safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with WHCA. All personal information supplied to us is handled in accordance with the Data Protection Act 1988.

SIGNED: .... SIGNED: ....

DATED: .... DATED: ....

Direct Debit Guarantee

- The Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit WHCA will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request WHCA to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit, by WHCA or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society.
- If you receive a refund you are not entitled to, you must pay it back when WHCA asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify WHCA.

Please complete this Direct Debit Mandate form and return with your application form to:

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