

PRIVATE MEDICAL INSURANCE

APPLICATION FORM

Employee's name:	Date of birth:
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DELETE AS APPROPRIATE

- I, the employee, **WISH to accept private medical insurance supplied by National Friendly**
- I, the employee, **DO NOT WISH to accept private medical insurance supplied by National Friendly**

If you do wish to accept private medical insurance - please note HR will pass on your details (name, address, start date at Guildford Borough Council and date of birth) to the broker and insurance provider who will then write to you at your home address. By signing this form, you consent to the Council disclosing this personal data to the broker and insurance provider for the purpose of your scheme membership.

Signed

Date

**On completion, this form should be returned to Human Resources.
This form will be held on your HR file.**

Employee Records and current data protection legislation

Guildford Borough Council is committed to meeting its data protection obligations under the General Data Protection Regulation (GDPR) and the Data Protection Act 2018. For further information, please visit Guildford Borough Council's Data Protection and Privacy web page [here](#) and see our privacy notice (under 'Useful information' on our [new starter page](#)).