The Personal Injury Plan: Option 2

To enrol, simply follow the instructions below to complete the form and return it to the address at the bottom of the page.

Your details

Group/District/County Name (delete as appropriate) _____

Title (Mr/Mrs/Miss/Ms/Other) _____

Your Name: _____

Address: _____

_____

_____

_____ Postcode _____

Daytime Telephone Number _____ Email _____

Insured Details

		24 hour, 365 days a year	
Annual Cost Per Person Per Unit Including IPT		**Under 18 £20.00**	**Over 18 £25.00**
List all names of persons to be covered (including yourself if applicable) and dates of birth	Date of birth	Please specify the number of units required (maximum 4 per person)	
	Sub Total	£	£
	Total		**£**

For each person:
1. Refer to full details of benefits within the accompanying leaflet.
2. Determine the correct age band, 'Under 18' or 'Over 18'.
3. Specify the number of Units required for each person (maximum of 4 per person).

NOTE: If purchasing cover for more than 15 people, please attach an additional sheet. If you have any questions please contact Unity Insurance Services on 0845 0945 703.

To calculate total premium:
1. Add the number of Units in each column and multiply by the relevant Annual Cost per Person.
2. Fill in the total at the bottom of each column.
3. Add the sub-totals from each column together to calculate the Total premium payable.

When does cover commence:
Cover commences as soon as Unity Insurance Services receive the completed Enrolment Form with your cheque attached.

Payment Information

Please make your cheques payable to Unity Insurance Services

Authorisation

I agree to accept the terms and conditions of this insurance and understand that any existing disability or condition will be taken into account in assessing any future benefits becoming payable. I agree to pay the total sum indicated above by cheque. I consent to any information you may have about me being processed by you for the purposes of providing insurance and claims handling, which may necessitate you providing such information to third parties.

Signature _____ Date _____

Please send to: **Unity Insurance Services**, Lancing Business Park, Lancing, West Sussex, BN15 8UG.
Tel: 0845 0945 703 Fax: 01903 751044