



HR and Employment Advisory Product

Proposal Form

Important Note:

We rely on the information in this proposal form in deciding whether to offer you membership, how to set the terms on which we would implement the HR and Employment Advisory product and the subscription to be charged.

You MUST:

- Give fair representation of the risk to be indemnified by clearly disclosing all material facts and circumstances (whether or not subject to a specific question) which you, your senior management and those responsible for arranging this subscription, know or ought to have known following a reasonable search. If you are in any doubt as to whether a fact or circumstance is material, it should be disclosed;
- Take care to ensure that all information provided is correct, accurate and complete;
- Review your current indemnity to identify any duplication.

Requested start date:

The start date requested must not be more than two months in advance.

If the quote is not accepted by the start date provided, or 60 days from the date this document was signed, you will be required to complete a new proposal form.

SECTION 1

Please complete in BLOCK CAPITALS

Name of practice:

Registered Address:

Town:

Postcode:

Contact Name/Practice Manager:

Group Scheme Number:

Email address:

Number of individuals employed by
the medical or dental business:

Would you like a quote for:

Employment Documentation Support

Employment Tribunal Support, Representation and Indemnity

Both of the above

SECTION 2

Professional History

Has the practice ever been involved in an employment tribunal case, whether settled before tribunal or otherwise. :

Yes:

No:

If Yes, please provide details below:

Are you aware of any employment disputes in the practice that are currently ongoing?:

Yes:

No:

If Yes, please provide details below:

SECTION 3

Payment

I wish to pay the subscription amount by:

Direct Debit (Direct Debit Instruction will be provided and must be completed and returned to MDDUS).

Cheque (please cross your cheque and make it payable to MDDUS)

Instalments are payable annually, quarterly or monthly (over 10 months) by Direct Debit from a UK bank account only.

SECTION 4

Declarations and acknowledgements

By signing this HR and Employment Advisory Proposal Form, you make the following declaration:

1. You warrant and represent to us that the information contained in this form is correct, accurate and complete and discloses all material facts and circumstances known to you or that ought to be known following a reasonable search and makes a fair presentation of the risk.
2. you acknowledge that:
 - a) MDDUS and companies within its group, including MDDUS will use the information provided in this form (including all personal data provided by you) in accordance with all applicable data protection laws and its Privacy Notice found at <https://www.mddus.com/about-us/corporate-governance/mddus-policies/mddus-group-privacy-notice> (Privacy Notice);
 - b) full details of how MDDUS and companies within its group will use the information this form and your personal data (and any personal data and information provided by a previous indemnity provider) are set out in our Privacy Notice. In summary, the information will be used for the purposes of assessing risk and deciding whether to offer the organisation indemnity, to determine pricing and for providing indemnity and for bringing and defending claims;
 - c) the information included in this form may include special category data (such as health data) and/or criminal offence data;
 - d) as set out in our Privacy Notice, we do not need your consent to process your personal data where we are processing it for the purposes of putting in place an indemnity contract (including assessing risk, pricing or for providing you with indemnity) or where we are processing it to deliver services to you or because we are under a legal obligation to process it or where we have a legitimate interest to process it. If our processing does require consent, we will ask for it;

- e) as set out in our Privacy Notice, we may need to share your personal data (including any special category data and/or criminal data) with third parties, including group companies, insurance carriers, third-party claims adjusters, fraud detection and prevention services, third party service providers, reinsurance companies, insurer tracing offices and insurance regulatory authorities, who will use this data for the purposes of assessing risk and deciding whether to offer the organisation indemnity, to determine pricing and for providing and administering indemnity for the defending or bringing of any claims. Please note that we will not share your claims history data with the nominated single point of contact for your organisation (if appropriate) without your consent;
- f) you understand that this proposal is subject to approval by MDDUS and that MDDUS may require further details from you. Membership is subject to the terms and conditions advised by MDDUS;
- g) you understand that MDDUS may request further details to carry out a verification of income levels disclosed;
- h) you understand that MDDUS will undertake a search with a Credit Reference Agency for the purposes of verifying your identity. To do so the Credit Reference Agency may check the details that you have supplied against any particulars on any database (public or otherwise) to which they have access. They may also use your details in the future to assist other companies for verification purposes. A record of the search will be retained.

By signing this I confirm that:

- I have read and understood the Privacy Policy;
- I make the declaration listed in paragraph 1 above;
- I make the acknowledgements in paragraph 2.

Signed:

Date:

Full Name and Title:
(Please Use Block Capitals)

It is a requirement by the MDDUS Group, in order that we might adequately look after your interests, that you sign and date this form to enable us to comply with the Data Protection Act 2018 and UK GDPR. You can view MDDUS privacy notice at www.mddus.com/mddus-policies/privacy-notice.

If you require assistance with the completion of this form, call our Membership Services Department on 0333 043 0000.

Once complete, this proposal form should be returned by email to membership@mddus.com.