

PMI CHANGE FORM
BARRATT DEVELOPMENTS SCHEME

This form is for the notification of cover change for existing scheme members and for cancellations of cover

Copy sent to Payroll:

Copy sent to

HR:

Copy sent to Joanne Oliver:

EMPLOYEE NAME:

DIVISION:

JOB TITLE:

LOCATION:

NI NUMBER:

Current Cover Level:

Employee Only

☐

Partner

☐

Family

☐

Single Parent

☐

Reason for Change:

Amendment

☐

Cancellation of Cover

☐

Effective Date:

If Amendment - Effective Date:

If Cancellation - Effective Date:

If Amendment

New Cover Level:

Employee Only

☐

Partner

☐

Family

☐

Single Parent

☐

Employee Only 65+

☐

Partner 65+

☐

Family 65+

☐

Single Parent 65+

☐

Additional Family Members to be covered (if applicable):

| Title / Full Name | Date of Birth | Relationship to Employee (e.g. Partner / Child) |
|-------------------|---------------|--|
| | | |
| | | |
| | | |
| | | |

Deductions (per month):

| | |
|---------------------|--------|
| Employee Only Cover | None |
| Partner Cover | £48.12 |
| Family Cover | £72.18 |
| Single Parent Cover | £24.06 |

Deductions (per month) 65+:

| | |
|-------------------------|---------|
| Employee Only Cover | None |
| Partner Cover 65+ | £96.24 |
| Family Cover 65+ | £144.36 |
| Single Parent Cover 65+ | £48.12 |

Please note the Scheme excess is £100.00 and the Outpatient benefit for Barratt Developments members is £2,000.

Authority to make / amend Salary deductions:

Employee Signature:

.....

Date:

.....

AUTHORISED: (As appropriate)

Divisional/Regional Managing Director

DATE:.....

Department Head

DATE.....