

Change of address

Please complete this
form in BLACK ink

Contact details

Previous address:

Name

Scheme

**The Consortium Care
Scheme**

New address:

Date of birth:

National Insurance number:

We need these to
verify your identity

Telephone number:

Email address:

I understand that in accordance with data protection laws, the Trustees have a valid lawful basis for processing data relating to me for the purpose of administering and operating the Scheme and paying benefits under it.

Please refer to the privacy notice previously produced by the Trustees for further information. If you would like a copy of this notice please let me know.

Signed:

Date:

Print name:

Please return this form to:

The Consortium Care Scheme, C/o Barnett Waddingham LLP, St James's House, St James's Square, Cheltenham, GL50 3PR