Direct Debit Service Agreement

frank.
health insurance

Direct Debit Service Agreement – Frank

This agreement relates only to the Direct Debit Scheme and method of premium payments and does not affect the conditions of membership laid down in the regulations in force at this time or as amended from time to time.

2. All communication issued by Frank Health Insurance in relation to the Direct Debit request and Agreement for Payment of Premiums by Direct Debit will be issued to the Frank Health Insurance member irrespective of whether it is the members, or another person's/party's financial institution account to which the Direct Debit Request and Agreement for Payment of Premiums by Direct Debit relate.

3. The frequency of direct debit deductions will be as specified in the Direct Debit Request.

4. The Frank Health Insurance membership should be paid to the date of the direct debit deduction. If the membership is not paid to this date, the direct debit deduction may include all arrears owing. If the membership is paid in advance the debit deduction may be lower than the agreed amount.

5 Frank Health Insurance must be notified of a Direct Debit Cancellation by phone or in writing at least 7 days prior to the stated cancellation date. The cancellation of the Direct Debit Request does not constitute cancellation of the Frank Health Insurance membership. The member may also notify their financial institution of a Direct Debit Cancellation, at least 7 days prior to the next scheduled direct debit deduction date

6. Alterations to membership or account details must be received by phone or in writing at least 7 days before the next scheduled direct debit deduction date.

7. Frank Health Insurance will notify the member via email in the event of any alteration to the Direct Debit Request Service Agreement, at least 14 days prior to the direct debit deduction date.

8. A refund of premiums cannot be issued within 7 days of the direct debit deduction date. This allows sufficient time for the Financial Institution to advise Frank Health Insurance of any direct debit deduction dishonour.

9. All contribution refunds issued within 30 days of joining will be refunded into the account from which the payment was direct debited.

10. Direct debit deductions through 'BECS' are not available on all accounts, and it is the responsibility of the member to check the suitability of the account for direct debit deductions.

11. It is the responsibility of the member to ensure that sufficient funds are held in the account to cover the direct debit deduction. If there are not sufficient funds in the account to cover the direct debit deduction any resulting Financial Institution fees are the responsibility of the member.

12. Direct debit deductions will take place on the date/frequency specified in your Direct Debit Request unless those dates fall on a non-working day (i.e. weekend or public/bank holiday) in which instance the direct debit deduction will occur on the first working day following the scheduled date. Members must contact the Financial Institution if they are uncertain of the direct debit deduction date.

13. If a direct debit deduction is dishonoured, Frank Health Insurance may attempt to make subsequent deductions at any time, including arrears of premium and any financial institution fees incurred on the dishonour.

14. After two consecutive direct debit deduction dishonours Frank Health Insurance will remove the membership from the direct debit scheme.

15. Details of the Financial Institution account will be treated confidentially. The account holder agrees that Frank Health Insurance may supply to the member, or any Financial Institution with which Frank Health Insurance has entered into an agreement to enable participation in the direct debit scheme, or the Financial Institution specified by the account holder on the direct debit request, any information relating to the member's account with Frank Health Insurance, or any credit or debit to the member's account with Frank Health Insurance, or any credit or debit to Frank Health Insurance's account with a Financial Institution.

16. If a frequency is not selected Frank Health Insurance will default the frequency to monthly debits. If a date is not selected Frank Health Insurance will default the date to the next available date for your frequency.

17. Dispute Resolution Process

I. It is the responsibility of the member to contact Frank Health Insurance via phone or in writing in the event of a member claim or complaint.

I. Frank Health Insurance will promptly investigate the claim and advise the member if the claim is accepted as a valid claim or, if it is disputed by Frank Health Insurance, the reasons why it has been disputed (including without limitation details of the authority given to Frank Health Insurance by the customer, including a copy of the original record of the Direct Debit Request and Agreement for Payment of Premiums by Direct Debit). If a member is unsatisfied with an outcome, then the member may also escalate to their financial institution.