

ENGINEERING CONSTRUCTION INDUSTRY WELFARE AND HOLIDAY SCHEME

To: Welplan Ltd Old Mansion House Eamont Bridge Penrith Cumbria CA10 2BX

Tel: 01768 860403 (welfare) 01768 860402 (holiday) Fax: 01768 860460 email: ecischemes@welplan.co.uk

Employer Participation Form

(To be completed by a Director or other Authorised Person)

Company name and address: [lines]

Contact Name: [line]

Telephone Number: [line]

Fax Number: [line]

email: [line]

We apply to commence participation in the Scheme for:

Holiday Pay and Welfare Benefit provision effective from [] / [] / [] (Date)

OR

Welfare Benefit provision effective from [] / [] / [] (Date)

Signature [box]

[] / [] / [] (Date)

Name:.....

Position in Company:.....

Contact (if different from above):.....

Please use reverse side to indicate the level of cover required in accordance with the National Agreement for the Engineering Construction Industry.

Data Processor Agreement

Completion of this form will be used as confirmation of a Data Processor Agreement between the Employer and Welplan Ltd to allow the Employer to pass on any required medical data (such as self-certificates and doctors' sick notes) to support benefit claims. Welplan Ltd is registered under the Data Processing Act.

