



Healthcare Application

Additional Application for Individuals, Couples and Families

Please complete this form if you are applying for cover on a group or company scheme

Group / Company Reference Number

Group / Company Name

Please complete this form answering any health questions fully.

If an existing member is already on cover, please indicate their 4 digit ID number:

Full Name: Dr / Mr / Mrs / Miss / Ms

Date of Birth:

Gender:

Home address:

Telephone:

Email Address:

Postcode

Hospital Option

First Choice

Freedom

Freedom & Premium Upgrade

Please complete details of other people within your family to be added to cover.

Title:

Name:

Date of Birth:

Gender:

Preferred Start Date

***IMPORTANT.** This section must be completed.

Do any of the individuals named, including yourself, have any medical conditions, are undergoing or about to undergo medical treatment, or have visited a GP during the last 60 months?

Please include any conditions or symptoms for which a medical opinion has not been sought or any other relevant information.

Medical Information

... continued overleaf

Please complete **BOTH SIDES** of this form and return to General & Medical. Full address overleaf.



...continued from previous page.

I confirm that the statements made on this application are true and correct. I agree to inform General & Medical of any change to the information on this form. Falsifying or failure to disclose any relevant information on this application may disqualify any future medical claims. I declare that the persons named on this application are resident in the UK and have been registered with a NHS General Practitioner for a minimum of 24 months.

Signature

Date

Position

General & Medical reserve the right, based on the health information supplied on this form, to exclude those with adverse medical history or to exclude a specific condition or to impose an excess on claims.

Please return the completed application form to:

Freeport RLUK-TEYE-UYRU, General & Medical Finance Plc, General & Medical House, Napier Place, Peterborough, PE2 6XN.

Start Date		Monthly Costs
Introducer		
Health Scheme		
Hospital Option		
Fixed Price		Additional Information
Excess		
D/Base Entry		
D/Base Check		
S/Sheet		
Scan		

Office Use

A-2007-V1.3