



# 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:

Postcode

Telephone:

Mobile Phone:

Email Address:

Hospital Option

First Choice

Freedom

Premium

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.**

Please state whether any of the individuals named, including you, have any medical conditions or symptoms. You must include all conditions or symptoms, even where a medical opinion has not been sought.

Also, if any individual named including you, visited a GP during the last 60 months please state the reason.

Please disclose any other relevant medical information.

Medical Information

... continued overleaf.

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...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, as an NHS patient, for at least 60 continuous months immediately preceding this application.

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:**

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

FOR OFFICE USE ONLY

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