



**General & Medical**

**Personal Healthcare Application Form**  
*for individuals and families*




## Here to Help

We hope you will find this application form easy and straightforward to complete but if you require any assistance the General & Medical team are trained to give you any help you need.

If you have any questions relating to the cover you wish to purchase or about completing this form please contact us on **0800 970 9442**.

Whether you're new to private medical healthcare or migrating from another provider, General & Medical will supply you with easy to understand literature.

We do not operate complicated telephone systems or call centres, so there is always your personal Client Relations Co-ordinator to help you with any queries or questions, which may arise.



**because**  
*you matter*

# Personal Healthcare Application

Please complete this application in **BLACK INK** using **CAPITALS**

## Part 1 - PRINCIPAL MEMBER DETAILS

Full Name:	Mr/Mrs/Miss/Ms/Dr:	Date of Birth:	Male/Female:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Address:			Postcode:
<input type="text"/>			<input type="text"/>
Telephone (Home):	Telephone (Work):		
<input type="text"/>	<input type="text"/>		
Telephone (Mobile):	Email Address:		
<input type="text"/>	<input type="text"/>		
Date you would like your cover to begin:	Occupation:		
<input type="text"/>	<input type="text"/>		

## Part 2 - PARTNER AND DEPENDANT DETAILS (details only of people to be covered by this policy)

Full Name of Partner/Spouse:	Mr/Mrs/Miss/Ms/Dr:	Date of Birth:	Male/Female:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full Name of Dependants:	Date of Birth:	Male/Female:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

If you wish to add more dependants please give details on a separate sheet and attach.

## Part 3 - SELECTING YOUR PLAN

Please tick which healthcare scheme you are applying for.

Equus Key <input type="checkbox"/>	Equus <input type="checkbox"/>	Equus Plus <input type="checkbox"/>	Altus Key <input type="checkbox"/>	Altus <input type="checkbox"/>	Altus Plus <input type="checkbox"/>
------------------------------------	--------------------------------	-------------------------------------	------------------------------------	--------------------------------	-------------------------------------

Please tick which level of hospital cover you are applying for.

First Choice <input type="checkbox"/>	Freedom <input type="checkbox"/>	Premium <input type="checkbox"/>
---------------------------------------	----------------------------------	----------------------------------

Worldwide Travel Cover

In-Patient Psychiatric Upgrade

Select your Excess Type

Yes (for all people applying for cover) <input type="checkbox"/>	Yes (for all people applying for cover) <input type="checkbox"/>	Excess per claim <input type="checkbox"/>	Excess per annum <input type="checkbox"/>	No excess <input type="checkbox"/>
--	--	---	---	------------------------------------

Select your excess amount

£75 <input type="checkbox"/>	£100 <input type="checkbox"/>	£150 <input type="checkbox"/>	£200 <input type="checkbox"/>	£250 <input type="checkbox"/>	£500 <input type="checkbox"/>	£1,000 <input type="checkbox"/>	£2,000 <input type="checkbox"/>	£3,000 <input type="checkbox"/>
------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	-------------------------------	---------------------------------	---------------------------------	---------------------------------

# Personal Healthcare Application

## Part 4 - PRE-EXISTING CONDITIONS

Please note: Your cover can be extended for up to two of the pre-defined conditions for a supplement to your premium. Cover is subject to a cash annual limit, which rolls up year on year to a maximum after 10 years continuous cover without a break, or claim relating to the pre-existing condition cover.

### List of Pre-existing Conditions

- |            |                        |                |
|------------|------------------------|----------------|
| 1 Acne     | 4 Eczema               | 7 Hypertension |
| 2 Asthma   | 5 Glaucoma             | 8 Psoriasis    |
| 3 Diabetes | 6 Hay Fever - Rhinitis |                |

Name	Pre-existing condition number	Pre-existing condition number
<input style="width: 440px; height: 25px;" type="text"/>	<input style="width: 35px; height: 25px;" type="text"/>	<input style="width: 35px; height: 25px;" type="text"/>
<input style="width: 440px; height: 25px;" type="text"/>	<input style="width: 35px; height: 25px;" type="text"/>	<input style="width: 35px; height: 25px;" type="text"/>

Please continue on a separate sheet if more than two people have pre-existing conditions.

## Part 5 - UNDERWRITING

### UNDERWRITING EXPLAINED

Please indicate required terms

#### Full Medical Underwriting

Means that we will ask for a full medical declaration for each person to be covered under the scheme. You are required to make a declaration regarding your health and tell us about any conditions which existed during the last 60 months before joining our scheme even if a medical opinion had not been sought. Applicants must also disclose any other relevant information. After the application form is submitted we will review the information and decide on what basis we will provide cover. We will then inform you of any pre-existing medical conditions or other medical conditions that will be excluded from cover either permanently or to be reviewed after a pre-determined period of membership. These additional exclusions will be shown on your Certificate of Cover. Where the schedule is issued at group level we will inform the individual employee of the specific details of the exclusion and the Certificate of Cover issued at group level will simply show that an unspecified additional exclusion applies to a given individual(s).

Please complete Part 5a

#### Moratorium Underwriting

For Moratorium underwriting, we do not need a medical declaration completed. Instead, we will not cover treatment of any pre-existing condition or any related conditions if there have been symptoms (even if a medical opinion has not been sought), medication, treatment, diagnostic tests or advice relating to that condition in a 60 month period prior to the member joining the scheme. However, we may agree to cover a pre-existing condition if there have been no symptoms, medication, diagnostic tests, treatment or advice relating to that condition during a continuous 24 month period after joining the scheme.

#### Continued Moratorium (Continued Mori)

To consider continued moratorium underwriting we will require your previous insurance certificate, which will show us the commencement date of your original moratorium underwriting. Your previous insurance certificate must expire no earlier than the day prior to your commencement of cover date with us (if you have had insurance with more than one insurer since the commencement of your moratorium we will require proof of continuing cover). You will not be covered for any conditions, which existed, i.e., you have had symptoms of, even if a medical opinion has not been sought, in the last 60 months from your original insurance commencement date. Such conditions may automatically become eligible for cover but only when you do not have symptoms, or receive, treatment, medication, tests, or advice (from your G.P. or Specialist for that condition for a continuous period of 24 months after your original insurance commencement date.

Please complete Part 5b

#### Continuation of Personal Medical Exclusions (CPME) - Individual

We are prepared to consider accepting an individual/family presently insured by another provider. This is often referred to as CPME (Continuation of Personal Medical Exclusions). The following conditions apply for us to consider accepting an individual/family on these terms. You must have been previously fully underwritten and any exclusions (or other appropriate endorsements) applied to any pre-existing conditions. For individuals who have completed the required documentation, undisclosed medical conditions on a CPME transfer will be rejected unless they are proved as being covered by the previous insurer. You must satisfy the following criteria:

Please complete Part 5b

- Maximum age 75 and has had in place a fully underwritten Private Medical Insurance Policy for at least the last 12 months (Certificate of existing cover required).
- Does not have any treatment, investigations or tests planned, whether privately or via the NHS in the next 12 months.
- Has not undergone any treatment, investigations or tests within the last 24 months.
- Has not suffered from Cancer, Heart Disease, Stroke, Circulatory problems, Disease of the joints (including Arthritis/Rheumatoid Arthritis) or Psychiatric Illness (including stress related conditions) at any time in the past.

On these schemes we offer the joining individual/family two options for any additional previously uninsured members who may join after the inception (start date) of cover with us:

1. People joining after the scheme inception are fully underwritten. The individual/family member is charged at the agreed current individual rate.
2. People joining after the scheme inception are underwritten on a moratorium basis. The individual/family member is charged at the agreed current individual rate.

The option has to be agreed at the scheme inception and may only be varied at renewal.

# Personal Healthcare Application

## Part 5a - FULL MEDICAL UNDERWRITING

Only complete this section if you have chosen the FULL MEDICAL UNDERWRITING option.  
Once completed go to Part 6.

Have any of the applicants, ever been treated for or experienced symptoms even where a medical opinion has not been sought, or are currently suffering from any of the following conditions or symptoms.

CATEGORIES	<i>The conditions listed below are examples only. This list is not exhaustive.</i>	YES	NO
Blood disorders	e.g. anaemia, leukaemia, bleeding disorders, haemophilia, lymphoma, thrombosis (blood clots)		
Brain and nerve disorders	e.g. stroke, multiple sclerosis, epilepsy, migraine, paralysis, Parkinson's disease, quadriplegia, paraplegia		
Cancer	e.g. any form of cancer or pre-cancerous growth		
Cardiac and vascular	e.g. angina/heart attack, heart failure, heart murmurs, rheumatic fever, high or low blood pressure, rhythm disturbance (palpitations), varicose veins, poor circulation, raised cholesterol, heart surgery		
Connective tissue disorders	e.g. systemic lupus erythematosus, scleroderma, dermatomyositis, mixed connective tissue disorder		
Dental disorders	e.g. over/underbite problems, missing/skew teeth, false teeth, or ongoing treatment		
Eyes, Ear, Nose, Throat/ Speech disorders	e.g. cataracts, glaucoma, retinitis, hearing/visual impairment, disorders of the cornea, blindness, loss of speech, sinusitis, tonsillitis, glue ear		
Gastro-intestinal disorders	e.g. peptic ulcer, hiatus hernia, heartburn, changed bowel habits, rectal bleeding, Crohn's disease, ulcerative colitis, irritable bowel syndrome		
Gynaecological disorders	e.g. ovarian cysts, endometriosis, fibroids, infertility, disorders of the cervix, menstrual disorders		
Kidney/Genito/Urinary disorders	e.g. kidney failure, kidney stones, recurrent infections, nephritis, prostate problems, blood/protein in urine, polycystic kidneys, cystitis, balanitis, epididymal cyst, urethritis		
Liver/Pancreatic disorders	e.g. hepatitis, cirrhosis, liver failure, gallstones, pancreatitis		
Mental health/Psychiatric disorders	e.g. depression, anxiety, schizophrenia, eating disorders, attention deficit hyperactivity disorder		
Metabolic/Endocrine disorders	e.g. diabetes, thyroid abnormalities, growth disorder, Cushing's disease, Addison's disease		
Musculoskeletal disorders	e.g. arthritis, rheumatoid arthritis, crystaline arthritis, osteoarthritis, myasthenia gravis, muscle weakness, gout, osteoporosis, loss of limb, bunions, cartilage damage, arthralgia, back problems, e.g. slipped disc, backache, sciatica, pinched nerve		
Respiratory disorders	e.g. asthma, emphysema, bronchitis, shortness of breath, persistent cough, coughing up blood, cystic fibrosis, sinusitis, allergic rhinitis, chronic obstructive airway disease or any lung surgery		
Skin disorders	e.g. eczema, psoriasis, acne, hypertrophic scars (keloid)		
Sensory functions	e.g. loss or impairment of sense of touch, smell or taste		

If you answered "YES" to any of the above questions please supply full details below. You should also give details of any conditions relating to any categories of illness not listed in the example conditions and any other disease, illness or injury not included in our list of categories.

Name of Applicant	Condition/symptom for which medication/treatment was prescribed	Description of medication/ treatment including dates	Present state of health



# Personal Healthcare Application

## Part 5b - CONTINUATION OF PERSONAL MEDICAL EXCLUSION UNDERWRITING (CPME) / CONTINUED MORATORIUM (CONTINUED MORI)

Only complete this section if you have chosen the **CONTINUATION OF PERSONAL MEDICAL EXCLUSION UNDERWRITING (CPME)** or the **CONTINUED MORATORIUM (CONTINUED MORI)** option. Once completed go to Part 6.

1. Please confirm if you or any others on this application are due to undergo any treatment, investigations or tests, whether privately or via the NHS in the next 12 months. If so please give details in the space provided below.

2. Please tell us if you or any others on this application have undergone any investigations or tests within the last 24 months. Please also tell us if any applicant has suffered from Cancer, Heart Disease, Stroke, Circulatory problems, Disease of the joints (including Arthritis/Rheumatoid Arthritis) or Psychiatric Illness (including stress related conditions) at any time in the past, in the space provided below.

## Part 6 - POLICY DECLARATION TO BE SIGNED BY PRINCIPAL MEMBER

### APPLICATION CHECK LIST

Before you return this application please ensure you have:

- Entered and checked all personal details for you (and other applicants if applicable).
- Selected your scheme and hospital option.
- Answered all relevant questions in the Underwriting section.
- Completed your payment details.
- Signed the General & Medical Policy Declaration on behalf of all applicants.
- Read and keep for your information 'The Direct Debit Guarantee'.

### POLICY DECLARATION

- I understand that this application is subject to written acceptance by General & Medical.
- I understand that by signing this declaration I am applying on behalf of all applicants to be covered by this policy and am doing so with their full consent. I also agree to receive all policy related documentation on behalf of all applicants.
- I give permission to the disclosure of the medical information I've provided for risk management and underwriting purposes to any employee in the General & Medical group. This information can also be used to maintain management information for business analysis.
- I will inform you immediately of any changes to the information that occur before the policy starts.
- I agree to General & Medical accepting medical reports faxed directly to General & Medical from the doctor's surgery of any applicant to be covered by this policy.
- 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 of Principal member  
on behalf of all applicants:

Date:

# Direct Debit Instructions

## Part 7 - HOW TO PAY

### Instruction to your Bank or Building Society to Pay by Direct Debit

Please fill in the form and send to:

**General & Medical, Napier Place, Peterborough, PE2 6XN.**

Name and full postal address of your Bank or Building Society



Originator's Identification Number

8 5 6 7 6 0

To: The Manager	Bank/Building Society
Address:	
Postcode:	

#### For General & Medical use only

This is not part of the instruction to your Bank or Building Society

Name(s) of Account Holder(s):

Branch Sort Code:

Bank/Building Society Account Number:

Reference Number:

#### Instruction to your Bank or Building Society

Please pay General & Medical Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with General & Medical and, if so details will be passed electronically to my Bank/Building Society.

Signature(s):

Date:

Banks and Building Societies **may not** accept Direct Debit Instructions for some types of account

## Part 8 - IMPORTANT INFORMATION

### GENERAL NOTES

- The plan will not start until we have accepted your application.
- If you have a birthday while your application is being processed, the terms may differ from those originally quoted. We may offer you revised policy terms, but in certain circumstances we may not be able to offer cover.
- We may ask you to contact your doctor if we are experiencing delays in receiving reports which we have asked for.
- We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.



## The Direct Debit Guarantee



**This Guarantee should be retained by the payer.**

This guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits. If there are any changes to the amount, date or frequency of your Direct Debit General & Medical will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request General & Medical to collect a payment, confirmation of the amount and date will be given to you at the time of the request. If an error is made in the payment of your Direct Debit by General & Medical or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society. If you receive a refund you are not entitled to, you must pay it back when General & Medical asks you to. You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

In order to process your application quickly and correctly please complete this application form fully. Please enclose any additional information you feel necessary on a separate sheet. Please make sure the form is signed where applicable including the Direct Debit instruction and return the entire application form in the enclosed reply paid envelope or send it FREEPOST to the following address:

Freepost RLUK-TEYE-UYRU

General & Medical Finance Ltd, General & Medical House, Napier Place,  
Peterborough, PE2 6XN (NO STAMP REQUIRED)

# want to know more?

## please contact us on

**0800 970 9442**  
**sales@generalandmedical.com**

**or visit [www.generalandmedical.com](http://www.generalandmedical.com)**

**General & Medical Insurance Ltd.**

**Registered in Guernsey No 43984**

**Normandie House, Rue a Chiens**

**St Sampson's, Guernsey GY2 4AE**

**General & Medical Insurance Ltd. are authorised and regulated by  
The Guernsey Financial Services Commission**

**Administered by**

**General & Medical Healthcare**

**General & Medical House, Napier Place, Peterborough, PE2 6XN**

**General & Medical Healthcare, a division of General & Medical  
Finance Ltd Registered in England No. 2421641**

**General & Medical Finance Ltd are authorised and regulated by the  
Financial Services Authority - F.S.A. No 306094 which can be checked  
by visiting [www.fsa.gov.uk](http://www.fsa.gov.uk)**



**General & Medical Securities Ltd. has a beneficial interest in  
General & Medical Insurance Ltd.**