



General & Medical

Business Healthcare application form

for groups and businesses with 10 members or more



business healthcare application

Part 1 - COMPANY INFORMATION

Company Name:

Business Address:

Group Secretary or Scheme Administrator:

Parent Company Name (if applicable):

Telephone:

Fax:

Email Address:

Nature of Business:

If your company turnover is more than 1 million (Please tick)

Part 2 - BROKER DETAILS (if applicable)

Broker Name:

Broker Address:

Broker Telephone:

Part 3 - SELECTING YOUR PLAN

Please enter numbers applying for each cover in the boxes below.

Equus Equus Plus Equus Elite Altus Altus Plus Altus Elite Total number on all plans to be taken on cover

Cost indication number from quote:

Hospital Option

First Choice Freedom Premium

Claim Method

Traditional - (i.e. postal) Telephone Claim 24-7 - (Pre Authorisation) *N.B. Please note the Claim 24-7 cost option is not available when Telephone Claims has been chosen*

Further additional options

Worldwide Travel Cover Enhanced Benefits Option (for groups of 100 or more) In-Patient psychiatry

Select your excess - Please enter numbers

Excess Per Claim Excess Per Year
£0 £100 £150 £200 £250 £500 £1,000

business healthcare application

Part 4 - UNDERWRITING - Please select after reading definitions listed at the back of this application

FMU **Moratorium** **Continued Moratorium** **MHD** **MHD** **CPME**
Full Medical Underwriting
Medical History Disregarded (Community) 20 employees minimum
Medical History Disregarded (Claims) 50 employees minimum
Continued Personal Medical Exclusions

For CPME Underwriting:

Previously uninsured members to join on either: *(please tick)*

a) Full Medical Underwriting	<input type="checkbox"/>
b) Moratorium	<input type="checkbox"/>

For MHD Underwriting:

Previously uninsured members to join on either: *(please tick)*

a) Full Medical Underwriting	<input type="checkbox"/>
b) Moratorium	<input type="checkbox"/>
c) MHD where over 100 members on scheme	<input type="checkbox"/>

Part 5 - TRANSFERRING EXISTING COVER FROM ANOTHER INSURER (CPME, MHD and CONTINUED MORATORIUM)

a) Please note: It is very important that you answer these questions carefully and truthfully.

Do you know of any person to be covered by this application who, in the last 36 months, has been diagnosed or received treatment or advice relating to:

any type of cancer	Yes <input type="checkbox"/>	No <input type="checkbox"/>
any type of heart condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>
psychiatric or mental, illness or condition	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If you have answered 'Yes' to any of the above, please provide details below and continue on a separate sheet, if necessary. Please give the type of the condition, the date of diagnosis and, where possible, the name of the person.

b) You may be eligible for an additional discount if you can also supply information about claims over the last three years. Any information provided must be given in documents supplied by the existing or past insurers.

Please tick to confirm whether you have provided or attached copies of documentation that gives:

total renewal premiums in each of the last three years	<input type="checkbox"/>
total claims paid in each of the last 3 years	<input type="checkbox"/>
details of all claims over £5,000 in value.	<input type="checkbox"/>

Please turn over to read and sign the Company and Policy Declarations

here to help on freephone 0800 970 9442

business healthcare application

Part 6 - COMPANY DECLARATION TO BE SIGNED BY SCHEME ADMINISTRATOR

Preferred Start Date

Scheme Administrator / Position:

Date of Birth:

Please give details of other persons nominated by the company, in the absence of the above named Scheme Administrator, with whom General & Medical may communicate to discuss any issues or queries that may arise. Under the terms of the Data Protection Act (1998) we cannot discuss any information regarding the company with anyone other than the nominated people.

Name and Position:

Name and Position:

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.
- **Where Full Medical Underwriting, Moratorium or Continued Moratorium underwriting applies:** 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.
- 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 material fact (i.e. one which is likely to influence an insurer in the assessment and acceptance of the application) on this application may disqualify any future medical claims.

Signature of Principal member on behalf of all applicants

Date:



direct debit instruction

Part 8 - 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

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



Originator's Identification Number

8 5 6 7 6 0

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 9 - 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 PLC, General & Medical House, Napier Place,
PETERBOROUGH PE2 6XN (NO STAMP REQUIRED)

here to help on freephone 0800 970 9442

underwriting

The type of underwriting which applies to your cover will be stated on your certificate of cover. Definitions of the types of underwriting follow (Not all types of underwriting are available to every applicant).

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).

Moratorium Underwriting

Means there is no need to complete a medical declaration on application. It is a period whereby we do not cover you for any condition, which existed, i.e. you have had symptoms of even if a medical opinion has not been sought, in the last 60 months prior to joining. 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 cover with us has started and immediately prior to any consideration of reinstating cover for that condition.

Continued Moratorium Underwriting (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 cover 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 60 months before 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.

Continued Personal Medical Exclusions (CPME)

We are prepared to consider accepting a group scheme 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 a scheme on these terms: The scheme must have been previously fully underwritten and any exclusions (or other appropriate endorsements) applied to any pre-existing conditions. Any scheme where more than 20% of the employees were accepted on Medical History Disregarded terms (MHD) will not be considered for CPME transfer.

The scheme must satisfy the following criteria:

- a. A minimum of 2 employees.
- b. All covers are mandatory and fees are 100% employer paid. (Please note that part-time employees, employees over the age of 65 and those resident outside of the UK do not constitute the minimum employee requirement for the scheme to be considered).

The following information is required for us to consider CPME transfer:

- a. Number and ages of employees.
- b. All Certificates of Insurance for each employee (and any dependants, where applicable) stating the underwriting terms and detailing any exclusions. If this information is not available, the original certificates from the previous provider will be required.
- c. A copy of the existing insurers offer of renewal.
- d. Disclosure of any members who in the last 36 months have been diagnosed with any heart, cancer or psychiatric condition.

For previously uninsured people who join after the start date of cover with us, we offer the joining group/company the option of either:

- a. Full Medical Underwriting, or
- b. Moratorium Underwriting

The choice has to be made at the scheme inception and can only be varied at renewal.

Medical History Disregarded (MHD)

For large group schemes we may offer underwriting terms on a Medical History Disregarded basis. Under the terms of this cover there is no requirement to complete any medical declaration and the moratorium clause does not apply. No exclusions will be based on the cover in respect of pre-existing conditions although the rules and benefits of the scheme purchased will still apply. Special terms apply allowing babies to be added to cover on Medical History Disregarded Schemes.

We are prepared to consider accepting a group scheme presently insured by another provider on a 'MHD' basis in accordance with the following criteria:

For Claims related, flat rated schemes with a minimum of 50 adult registrations the following information is required for us to consider transfer:

- a. 3 years claims experience.
- b. Number and ages of employees.
- c. A copy of the existing insurers offer of renewal.

For MHD schemes generally

1. The scheme must have been previously insured or have been placed within a Trust Arrangement.
2. All fees are mandatory and 100% employer paid (part-time employees, employees over the age of 65 and those resident outside of the UK do not count towards the minimum employee requirement for the scheme to be considered).
3. Disclosure of any members who in the last 36 months have been diagnosed with any heart, cancer or psychiatric condition.
4. Previously uninsured members joining an existing MHD group or company currently insured with us but with less than 100 members will be subject to either Full Medical Underwriting or new moratorium underwriting terms.
5. For additional members joining an existing MHD group or company currently with us but with more than 100 members, we are prepared to accept the additional new joiners on Medical History Disregarded Basis.

Adding a baby to cover on a Medical History Disregarded Scheme

Where the group / company has opted for a premium loading to enable new joiners to be added on Medical History Disregarded terms, providing the mother has already been a member of the scheme for a minimum of 10 months, then an application to add the baby will be accepted on Medical History Disregarded terms, subject to the monetary limit applicable for the first 180 days of life. If the mother has not been a member of the scheme for 10 months, the baby will be added on a Fully Underwritten, or a Moratorium basis. We do not pay for any treatment to a child on cover for the first 30 days after birth.

If the group / company has opted to add new joiners on a Moratorium or a Fully Underwritten basis with no premium loading, providing the mother has already been a member of the scheme for a minimum of 10 months, if we receive the application for cover, within the first 30 days of the baby's life, he or she, can be added to cover without being underwritten. This means if the baby has a medical condition which has occurred between birth and being added to cover, providing the condition is eligible we will accept a claim for treatment of that condition subject to the monetary limit applicable for the first 180 days of life. We do not pay for any treatment to a child on cover for the first 30 days after birth. If the mother has not been a member of the scheme for 10 months, or the baby is over 30 days old, he or she will be added on a Fully Underwritten, or a Moratorium basis, subject to the monetary limit applicable for the first 180 days of life. We do not pay for any treatment to a child on cover for the first 30 days after birth.

It is important to note, that although a baby may be added to cover very soon after birth and may be accepted on Medical History Disregarded terms, our healthcare schemes will only cover acute and curable events, which occur after the birthing process and are not congenital or believed to have been present since birth (whether inherited or caused by an environmental factor).

Limits to cover: Where a baby has been added to cover on a Medical History Disregarded, basis there is a limit to cover for any eligible conditions that arise within the first 180 days of life of £5,000 in total. For any eligible conditions that arise after the first 180 days of life normal limits apply in accordance with the terms of the cover selected.

want to know more?
please contact us on

0800 970 9442

sales@generalandmedical.com

or visit www.generalandmedical.com

General & Medical Insurance Ltd.

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