



Personal Healthcare

Additional Application for an existing policy

Here to Help

If you require any assistance in completing this application form the General & Medical team are trained to give you any help you need.

If you have any questions about applying to be added to an existing policy or adding new members to your existing policy please contact us on **0800 980 4601** or **01733 362872**.

Whether you're new to private health insurance or switching 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 Health & Care Support Specialist to help you with any queries or questions, which may arise.

IMPORTANT NOTICE - Information we need to know about

You must take reasonable care to provide complete and accurate answers to the questions we ask. Please contact us on **0800 980 4601** or **01733 362872** if you do not understand the question or the nature of the information required. If the information provided by you is not complete and accurate:

- we may cancel your policy and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium and/or change any excess, or
- the extent of the cover may be affected.

If any of the information provided by you changes after your policy starts please send us details of the changes either directly or through your broker.

We recommend you keep a record of all information you send us, including copies of letters, for your future reference. We will send you a copy of the completed application on request.

GENERAL NOTES

- The cover 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 have a privacy 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.



Personal Healthcare Application

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

PRINCIPAL/EXISTING MEMBER DETAILS

Title:	First Name:	Surname:	Date of Birth:	Policy Reference Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

NEW MEMBERS TO BE ADDED (details only of people to be covered by this policy)

Title	First Name	Surname	Date of Birth	Email Address	Tick if in Full Time Education
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

Please confirm if all new members have been registered with an NHS GP for more than 5 years Yes No

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

PREFERRED START DATE

Start Date: the date from which you require cover to begin for the additional members*

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

*Please note: cover is subject to acceptance by General & Medical and payment of the appropriate premium. Whilst we will try to begin cover on the date indicated it cannot be guaranteed. There may be some circumstances where we have agreed to hold cover but you should note that we will not back date applications/cover.

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 Psoriasis | 10 Crohn's Disease | 13 Ulcerative Colitis |
| 2 Asthma | 5 Glaucoma | 8 Arthritis | 11 Fibrocystic Breast Disease | 14 Varicose Veins |
| 3 Diabetes | 6 Hypertension | 9 Carpal Tunnel Syndrome | 12 Gastro-Oesophageal Reflux Disease | |

Name	Pre-existing condition number	Pre-existing condition number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Pre-existing condition number	Pre-existing condition number
<input type="text"/>	<input type="text"/>	<input type="text"/>
Name	Pre-existing condition number	Pre-existing condition number
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

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UNDERWRITING

For applicants who have not previously had Medical Insurance before, you may choose either Full Medical Underwriting or Moratorium Underwriting which are explained below. Please tick the appropriate Box for your chosen level of underwriting and follow the instructions given.

For applicants who are switching from another insurer you may choose any of the four following types of Underwriting. Please tick the appropriate box for your chosen level of underwriting and follow the instructions given.

Full Medical Underwriting

We 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 before joining our scheme even if a medical opinion has not been sought. Applicants must disclose all 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. Any additional exclusions will be shown on your Schedule of Cover. Where the schedule is issued for a group, we will only inform the individual of the specific details of the exclusion and the Schedule of Cover issued at group level will simply show that an unspecified additional exclusion applies to a given individual(s).

If you have chosen this cover please go to page 5, complete the questions, skip page 6, and then complete the rest of the application form.

Please indicate
required terms

Moratorium Underwriting

There is no need to complete a medical declaration on application. Moratorium underwriting means you will not be covered for any condition, or related condition which existed i.e. of which you have had symptoms, even if a medical opinion has not been sought, in the 60 months prior to the commencement of your cover with us. Such conditions, may automatically become eligible for cover providing the condition, or any related condition, does not remain present, including in remission and only when you do not have symptoms, or receive treatment, medication, tests or advice from your G.P. or specialist for such conditions, for a continuous period of 24 months after the commencement of your cover with us and immediately prior to any consideration of our reinstating cover for that condition. Your cover with us will not provide benefit for pre-existing long term medical conditions, or related conditions you have, which may require regular or periodic treatment, medication or advice, this is because the moratorium symptom free period starts each time you receive such treatment, so it is unlikely you will ever have two consecutive years free of treatment. If you have chosen this option please skip pages 5 and 6, then complete the rest of the application form.

Continued Personal Medical Exclusions (CPME)

The existing cover must have been previously fully underwritten by another insurer for a minimum of 12 months and any exclusions (or other endorsements) applied to any pre-existing conditions will be applied to your cover with us. Any group, corporate or business scheme where more than 20% of the employees were accepted on Medical History Disregarded terms (MHD) will not be considered for CPME transfer. If you have chosen this cover skip page 5, then read and complete the rest of the application form.

Continued Moratorium (Continued Mori)

The scheme must have been previously underwritten by another insurer on a Moratorium basis for a minimum of 12 months. You do not have to complete a medical declaration on application for cover with us on continued moratorium terms, however we may request more detailed information from your GP, or the GP of any member of the scheme, for each new condition claimed for. You will not be covered for any condition, or related condition which existed i.e. of which you have had symptoms, even if a medical opinion has not been sought, in the 60 months before your original (previous) insurance commencement date. Such conditions, may automatically become eligible for cover providing the condition, or any related condition, does not remain present, including in remission and only when you do not have symptoms, or receive treatment, medication, tests or advice from your G.P. or specialist for such conditions, for a continuous period of 24 months after the commencement date of your original (previous) cover and immediately prior to any consideration of our reinstating cover for that condition. Your cover with us will not provide benefit for pre-existing long term medical conditions, or related conditions you have, which may require regular or periodic treatment, medication or advice, this is because the moratorium symptom free period starts each time you receive such treatment, so it is unlikely you will ever have two consecutive years free of treatment. If you have chosen this option please skip page 5, then read and complete the rest of the application form.



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FULL MEDICAL UNDERWRITING

Only complete this section if you have chosen the FULL MEDICAL UNDERWRITING option. If you have selected any other underwriting option then skip to the next section.

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, crystalline 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. Please continue on a separate sheet if necessary.

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

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TRANSFERRING EXISTING COVER FROM ANOTHER INSURER (CPME AND CONTINUED MORATORIUM)

Please read section 1 & 2 for CPME underwriting or Section 1 & 3 for Continued Moratorium. Then complete the rest of the application.

SECTION 1 FOR BOTH CPME & CONTINUED MORATORIUM

Please read this section as it has additional information relating to your application if you are switching from another insurer.

- a) Treatment, investigations, or tests, required, for conditions for which symptoms were present at the time of your application, will be excluded from your transfer of cover for a minimum period of 6 months. In addition, benefit, care or treatment which relate to pregnancy or complications of pregnancy (including private delivery), are excluded for your transfer of cover for a minimum period of 10 months.
- b) Certain other treatments are excluded from your transfer of cover for a minimum period of 36 months where you have had any condition, including in remission, in the 60 months prior to the start of your cover with us which would require any of these treatments after the start of your cover with us.
These are heart surgery (including by-pass surgery), cancer care or treatment, mental care or treatment, joint replacement or revision surgery.

SECTION 2 FOR CPME UNDERWRITING

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

- a) A valid and current Certificate of Insurance for each applicant and any dependants stating their underwriting terms and details of any exclusions.
- b) A copy of the existing insurers offer of renewal.

SECTION 3 FOR CONTINUED MORATORIUM UNDERWRITING

The following conditions apply for us to consider accepting a scheme on continued moratorium terms:

- a) We will require a copy of all applicants current insurer's renewal terms and a valid and current Certificate of Insurance for each applicant, which must show us the commencement date of each applicants original moratorium underwriting. Previous insurance certificates must expire no earlier than the day prior to the commencement of cover date with us (if you, or any applicant have had cover with more than one insurer since the commencement of your moratorium/s we will require proof of continuing cover for each applicant).



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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 all additional applicants.
- Answered all relevant questions in the Underwriting section.
- Signed the General & Medical Policy Declaration on behalf of all applicants.

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 cover starts.
- I/we confirm that the statements made on this application form are true and correct. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance policy, the terms on which it is accepted and the premium charged. I declare that the persons named on this application have been 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:

Print name:

Please complete this application form fully and return to:

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

Please remember if you have any questions, contact us on 0800 980 4601 or 01733 362872



Want to know more? Please contact us on

0800 970 9442 or 01733 233200

sales@generalandmedical.com

or visit **www.generalandmedical.com**

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