



Business Healthcare

Additional Application for an existing policy

Additional Applicants- Business Healthcare

This form must be completed and signed overleaf by the Scheme Administrator in order to add additional applicants to an existing Healthcare Scheme. Please complete the following form answering any health questions fully.

COMPANY DETAILS

Group/Company Name:

Group/Company Reference Number:

EXISTING MEMBERS

If the additional applicants are linked to an existing member on cover, please indicate their 5 digit ID number:

NEW MEMBERS (Employee Details)

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

Home Address:

Date of Birth:

Male/Female:

Telephone Number:

Email Address:

Postcode:

PARTNER & DEPENDANT DETAILS (details only of people to be covered by this scheme)

Full Name of Partner/Spouse:

Mr/Mrs/Miss/Ms/Dr:

Date of Birth:

Male/Female:

Full Name of Dependants:

Date of Birth:

Male/Female:

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

D	D	M	M	Y	Y	Y	Y
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*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

Cover for members can be extended for up to two pre-defined conditions for an addition 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. If you wish to cover more than one member for pre-existing conditions, please submit details on a separate sheet and attach to this form.

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:

Additional Applicants- Business Healthcare

SELECTING YOUR PLAN

Please select the type of cover in the boxes below.

Business Prime Module 1
Module 2 Business Elite

Hospital options

First Choice Freedom Premium

Additional options

Worldwide Travel Cover Channel Islands Cover In-Patient Psychiatry

Excess

Excess Per Claim Excess Per Year No Excess
£75 £100 £150 £200 £250 £500 £1,000 £2,000 £3,000

UNDERWRITING - Please select after reading the definitions listed on the page 4 overleaf

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

*If the chosen Underwriting is Full Medical Underwriting (FMU), please ask the applicant to complete a Medical Declaration form ref: A-2007-V1.11.

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

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

Please advise if any person to be covered by this application has EVER 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"/>
Orthopaedic joint conditions	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.

CONFIRMATION OF DETAILS

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.

I 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.

Signature of Scheme Administrator: Date:

Print name:



UNDERWRITING DEFINITIONS

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 before joining our scheme even if a medical opinion had not been sought. Applicants must disclose 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, or any related condition, which existed, i.e. of which you have had symptoms, 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 providing the condition, or any related condition, does not remain present, including in remission and only when you do not have symptoms, receive treatment, medication, tests or advice (from your GP or specialist) for such conditions, or any related 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. 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.

Continued Moratorium Underwriting (Continued Mori)

You can apply on this basis if you are transferring from an existing scheme, which is underwritten on a Moratorium basis. We apply our Moratorium conditions with effect from your original insurance commencement date and will require a copy of your current insurer's renewal terms and the previous insurance certificate for each applicant, which must show us the commencement date of your original moratorium underwriting and 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). 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 or any related condition in the 60 month period prior to your original insurance commencement date. However, we may agree to cover a pre-existing condition or related condition, providing the condition or any related condition does not remain present, including in remission and only if there have been no symptoms, medication, diagnostic tests, treatment or advice for such conditions during a continuous 24 month period after the commencement date of your original cover. 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. 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. 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, psychiatric care or treatment, joint replacement or revision surgery. 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 12 months.

Continued Personal Medical Exclusions (CPME)

You can apply on this basis if you are transferring from an existing fully medically underwritten insurance scheme. The scheme must have been previously fully underwritten and any exclusions (or other appropriate endorsements) applied to any pre-existing conditions. We will apply the same personal medical exclusions to your cover with us that were applied to your previous scheme. We will require a copy of your current insurer's renewal terms and the previous insurance certificate for each applicant, which must show us the previous underwriting terms and details of any exclusions and must expire no earlier than the day prior to your commencement of cover date with us. 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. 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, psychiatric care or treatment, joint replacement or revision surgery. 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 12 months.

Continued Moratorium and CPME

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

- All employees cover is mandatory and fees are 100% employer paid.
- Part-time employees, employees over the age of 65 and those resident outside the UK do not constitute the minimum employee requirement for the scheme to be considered.
- 3 years claims experience
- Full names, dates of birth and home addresses for all applicants. The company must declare to us which applicants are employees and which applicants are the dependents of employees
- A valid and current Certificate of Insurance for each applicant and any dependents which must show us the commencement of their original moratorium or underwriting terms and details of any exclusions, must be provided to us. The Certificates of Insurance must expire no earlier than the day prior to the scheme commencement of cover date with us (if the scheme has had cover with more than one insurer since the commencement of their moratorium we will require proof of continuing cover).
- Disclosure of any members who have ever been diagnosed with any heart, cancer, psychiatric or orthopaedic joint condition

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:

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

For MHD schemes generally

- The scheme must have been previously insured or have been placed within a Trust Arrangement.
- 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).
- Disclosure of any members who in the last 36 months have been diagnosed with any heart, cancer or psychiatric condition.
- 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.
- 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.



General & Medical reserve the right, based on health information supplied on this form, to exclude those with adverse medical history or to exclude a specific conditions or to impose an excess on claims. Please complete this application form fully and return to:
Freeport RLUK-TEYE-UYRU, General & Medical Finance Ltd, General & Medical House, Napier Place, Peterborough, PE2 6XN.

Want to know more? Please contact us on

0800 980 4601 or 01733 362872

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