



Business Healthcare

Additional Application for an existing policy

Here to help

This application form has been designed to be completed by the Scheme Administrator*, if you require any assistance the General & Medical team are trained to give you any help you need.

* The Scheme Administrator is the person nominated by your Company or Group to take responsibility for administering this Private Health Insurance Scheme.

If you have any questions relating to the cover you wish to purchase or about completing this form please contact us on **0800 980 4601** or **01733 362872**.

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.

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 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 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.



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:

NEW MEMBERS (Employee Details)

Title:

Name:

Surname:

Home Address:

Date of Birth:

Telephone Number:

Email Address:

Postcode:

EXISTING MEMBERS

If the additional applicants are to be linked to an existing member on cover, please indicate the existing members 5 digit reference number:

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

Title:

Name of Partner/Spouse:

Surname:

Date of Birth:

Email:

Title:

Name of Dependants:

Surname:

Date of Birth:

Email:

Please confirm the members listed above have been registered with an NHS GP for over 5 years

Yes

No

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.

Additional Applicants - Business Healthcare

SELECTING YOUR PLAN

Please enter the number of adult members applying for each cover in the boxes below. You will also need to supply details of every adult and child to be covered under the scheme, if not already provided, on a separate membership information sheet. We can supply a template (ref C-APP) or you can send us your own.

Business Prime Module 1 Module 2 Business Elite Total number of adults on all plans to be taken on cover

Hospital and Medical Facility Option

Claim Method

First Choice Freedom Premium Claim 24-7 - (Pre Authorisation) *N.B. Please note the Claim 24-7 cost option is only available for 100 members or more*

Select your excess - Please enter the number of adult members applying for each excess

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

Channel Islands Cover: If required, please tick to confirm that all applicants are permanent residents of the Channel Islands.

ADDITIONAL OPTIONS

Annual Multi-Trip Travel Cover: Europe (including Republic of Ireland, Canary Islands, Iceland, Madeira and countries bordering the Mediterranean) Worldwide (excluding USA and Canada) Worldwide (including USA and Canada)

Business Travel Extension

Excluded from all covers are the following countries - Afghanistan, Algeria, Central African Republic, Chechnya, Democratic Republic of Congo, Egypt, Iran, Iraq, Israel (Gaza Strip and West Bank only), Lebanon, Libya, Nigeria, North Korea, Somalia, South Sudan, Sudan, Syria, Tunisia and Yemen

In-Patient Mental Health (applicable to all members) **Employee Assistance Programme**

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:

Name: Pre-existing condition number: Pre-existing condition number:



Additional Applicants - Business Healthcare

MEDICAL INFORMATION

We need to understand exactly how many people are subject to this application, what cover is required, who they are and depending on the form of underwriting chosen by you the Scheme Administrator certain types of medical information.

We have tried to make the collection of this information as simple as possible whilst still complying with all privacy rules and regulations in force at this time, so please follow the instructions given and if you are unsure please contact us for help.

There are two options for the collection of the information we require:

1. An on-line form for each person to access and complete
- Or
2. A paper based form for each person to complete

Please read the underwriting section of this form and indicate which type of underwriting you wish to be applied, then follow the instructions in the next section of the form.

UNDERWRITING EXPLAINED

For applicants who have not previously had Medical Insurance before, you may choose either Full Medical Underwriting, Moratorium Underwriting or MHD where over 100 members on the scheme.

For applicants who are switching from another insurer you may choose any of the five following types of Underwriting.

Please indicate
required terms

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 had 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).

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.

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.

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.

Medical History Disregarded (MHD)

For group schemes with a minimum of 20 adult registrations who have previously been insured, or for group schemes over 100 adult registrations not previously insured - 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.

Additional Applicants - Business Healthcare

COLLECTING MEDICAL INFORMATION

Now you have selected your required cover levels for your Company or Group Healthcare Scheme, we now need to collect the relevant Medical Information.

1. If you have chosen Full Medical Underwriting:
 - a) We will email you a link to the Medical Information form for you to distribute to all members.Or
 - b) You can request a supply of Forms A-2007 from us (one form per Individual or Family), then distribute the forms to your employees or group members for them to complete. Each member can post their form to us using our freepost address, as detailed below.
2. If you have chosen Moratorium underwriting there are no forms to complete, but please ensure that your employees or group members are aware of our Moratorium Underwriting terms within this application form.
3. If you have chosen CPME, Continued Mori or MHD underwriting:
 - a) We will email you a link to the Medical Information form for you to distribute to all members.Or
 - b) You can request a supply of Forms A-2031 from us (one form per Individual or Family), then distribute the forms to your employees or group members for them to complete. Each member can post their form to us using our freepost address, as detailed below.

Please continue to read the next sections and complete this form.

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:

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

General & Medical Finance Ltd are authorised and regulated by the Financial Conduct Authority - FCA No 579509 which can be checked by visiting www.fca.org.uk



Want to know more? Please contact us on

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or visit **www.generalandmedical.com**

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