



Business Healthcare

Application

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**.

Whether you're new to private medical healthcare 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.

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.

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COMPANY INFORMATION

Company Name:

Business Address:

Postcode:

Group Secretary or Scheme Administrator Name:

Parent Company Name (if applicable):

Telephone:

Fax:

Email Address:

Nature of Business:

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

*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.

BROKER DETAILS (if applicable)

Broker Name:

Broker Telephone:

Broker Address:

Postcode:

SELECTING YOUR COMPANY OR GROUP 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 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 First Choice Freedom Premium

Claim Method 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 confirm the number of applicants that 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**

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ADDITIONAL OPTIONS

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 members for pre-existing conditions, please submit details of which conditions are required for the individuals shown on your membership information sheet.

List of defined pre-existing conditions:

Acne, Asthma, Diabetes, Eczema, Glaucoma, Hypertension, Psoriasis, Arthritis, Carpal Tunnel Syndrome, Crohn's Disease, Fibrocystic Breast Disease, Gastro-Oesophageal Reflux Disease, Ulcerative Colitis, Varicose Veins

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.

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 on page 7.
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 on page 7.

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

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OPTIONAL INFORMATION

The Scheme may be eligible for an additional discount if you have been previously insured and you can also supply information about claims over the last three years. Any information provided must be evidenced 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 3 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"/> |

COMPANY DECLARATION TO BE SIGNED BY SCHEME ADMINISTRATOR

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 current Data Protection Law we cannot discuss any information regarding the scheme with anyone other than the nominated people.

Name and Position:

Name and Position:

DECLARATION ON BEHALF OF THE COMPANY OR GROUP BY THE NOMINATED SCHEME ADMINISTRATOR

POLICY DECLARATION

- I declare that I have the consent of the Company or Group named in this application to provide the information contained within this form.
- I confirm that to the best of my knowledge that the information that has been provided is correct and I confirm I have advised all employees and family members or all Group members and their families of the requirement and the process to answer the health questions contained in this form and I give consent for G&M to contact any employees and their family members or Group members and their families as and when necessary.

Signature of scheme administrator on behalf of all applicants:

Date:

Print name:



Direct Debit Instructions

HOW TO PAY

Please fill in the whole form (including the General & Medical Ltd Official Use Only box if you are paying on behalf of the Policy Holder) in BLOCK CAPITALS using a ball point pen and send it to:

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

(Note: FREEPOST only applies if sent from within the UK.)

Name(s) of Account Holder(s):

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Bank/Building Society Account Number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

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

Reference (General & Medical Customer Reference Number)

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Service User Number

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| 8 | 5 | 6 | 7 | 6 | 0 |
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For General & Medical Finance Ltd Official Use Only
This is not part of the instruction to your Bank or Building Society. Please only complete this box if you are paying on behalf of the Policy Holder.

Title, Name and Address of Account Holder(s):

Telephone No:

Email Address:

Policy Holder's Name:

Do you have the account holder's permission? (Please tick) Yes No

Instruction to your Bank or Building Society

Please pay General & Medical Finance Ltd 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 Finance Ltd 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.



This guarantee should be detached and retained by the payer.

The Direct Debit Guarantee



- 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 Finance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request General & Medical Finance Ltd 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 Finance Ltd 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 Finance Ltd 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 980 4601 or 01733 362872

sales@generalandmedical.com

or visit **www.generalandmedical.com**

Administered by General & Medical Healthcare

A division of General & Medical Finance Ltd - Registered in England No 2421641.

Registered Office: General & Medical House, Napier Place, Peterborough, PE2 6XN.

General & Medical Finance Ltd are authorised and regulated

by the Financial Conduct Authority (FCA) - FCA No 579509

which can be checked by visiting www.fca.org.uk