



# Personal Healthcare

Application for Individuals and Families

# 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.

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 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 MEMBER DETAILS

Preferred Title:  First Name:  Surname:  Date of Birth:

Home Address:  Telephone (Mobile):  Telephone (Home):

Email Address:

Postcode:  Occupation:

How many years have you been registered with an UK GP as an NHS patient? \*\*  Start Date: the date from which you require cover to begin\* 

D	D	M	M	Y	Y	Y	Y
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## PARTNER AND DEPENDANT DETAILS (details only of people to be covered by this policy)

Preferred Title:	First Name:	Surname:	Date of Birth:	Email Address: #	No. years registered with a UK NHS GP**
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please provide details of any applicant aged between 21 and 25 who is in Full Time Education:

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Please provide any additional information on pages 8 and 9.

# Leave blank if 16 years of age or under  
 \*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.  
 \*\* If you have selected BETWEEN 2 YEARS AND 5 YEARS you must have access to and be able to provide on request a minimum of 5 years full medical records (and beyond if required) in English at your own expense \*\*\*  
 \*\*\* If at the time you make a claim, you have still not been registered with a UK GP for a minimum of 5 years and if requested by us, you do not provide your medical records in English, your claim will be denied.

# Personal Healthcare Application

## SELECTING YOUR PLAN

Please tick which healthcare scheme you are applying for

Essentials     
  Everyday     
  Lifestyle     
  Elite  
 Essentials Plus Upgrade     
  Everyday Plus Upgrade     
  Lifestyle Plus Upgrade

**Hospital and Medical Facility Option:**

First Choice     
  Freedom     
  Premium

**Select Your Excess Type**

Excess Per Claim     
  Excess Per Year     
  No Excess

**Select Your Excess Amount**

£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, Canada and the Caribbean)  
 Worldwide (including USA and Canada)

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)

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

Please continue on pages 8 and 9 if more than three people wish to add cover for pre-existing conditions.

# Personal Healthcare Application

## 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.

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 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).

### 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 page 5 and 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.

### 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.

# Personal Healthcare Application

## MEDICAL HISTORY DECLARATION

Only complete this section if you have specifically been requested to do so or 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

# Personal Healthcare Application

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

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

- a) The following procedures will be excluded from your transfer of cover to us for a minimum period of 36 months where you have had, in the 60 months prior to the start of your cover with us, any symptoms or condition (present or in remission) requiring any of these procedures or treatments, a) cardio procedures (including by-pass surgery), b) cancer care, investigations, or treatment, c) psychiatric or mental health care or treatment, d) joint replacement or revision surgery.
- b) All other treatment, investigations, or tests, required, for conditions for which symptoms were present prior to the start of your cover with us, will be excluded from your transfer of cover to us 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 from your transfer of cover for a minimum period of 10 months.

The following information is required for us to consider your transfer of cover:

- a) A copy of the existing insurers offer of renewal.
- b) A valid and current Certificate of Insurance for each applicant and any dependants stating their underwriting terms and details of any exclusions. Previous insurance certificates must expire no earlier than the day prior to the commencement of cover date with us. For Continued Moratorium underwriting, the certificate must show the commencement date of each applicant's original moratorium underwriting (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).

## 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 other applicants if applicable).
- Selected your scheme, hospital option and excess plus any optional upgrades.
- Answered all relevant questions in the Underwriting section.
- Completed your payment details.
- Signed the General & Medical Policy Declaration on behalf of all applicants.
- Read and kept for your information 'The Direct Debit Guarantee'.

### POLICY DECLARATION

- I understand that this application is subject to written acceptance by General & Medical.
- 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 sent directly to General & Medical from the doctor's surgery of any applicant to be covered by this policy.
- 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 24 continuous months immediately preceding this application.
- 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/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.

Signature of Principle member on behalf of all applicants:

Date:

Print Name:

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

# 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:

Freeport 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):

Bank/Building Society Account Number

Branch Sort Code

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)

Service User Number

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:  
 Freeport RLUK-TEYE-UYRU, General & Medical Finance Ltd, General & Medical House,  
 Napier Place, Peterborough, PE2 6XN (NO STAMP REQUIRED)



# Additional Information

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**Want to know more? Please contact us on**  
**0800 980 4601 or 01733 632872**  
**sales@generalandmedical.com**  
**or visit [www.generalandmedical.com](http://www.generalandmedical.com)**

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which can be checked by visiting [www.fca.org.uk](http://www.fca.org.uk)



A-2003-V5.7