

Your Guide to Applying for Cover

This leaflet is a general guide only. The policy document gives full details of the cover provided. It is important that you read your schedule (certificate of insurance) together with your other policy documents. If you have any questions, please ask the person arranging your Private Medical Insurance (PMI) cover, or phone our helpline on 01923 770000, and our staff will be glad to help you.

A specimen copy of the policy is available on request if you wish to see it before applying for cover. In any event, you will also have 14 days from the time you receive your final policy documents to review them. If, during this period, you tell us that you have changed your mind, we will send a full refund of any premiums you have paid, provided you have not already made a claim.

The purpose of Private Medical Insurance

Insurance policies provide cover against an unexpected event happening after the start of the policy. In health insurance, this means cover for the cost of private medical treatment for curable short-term illness or injury (commonly known as 'acute conditions') arising after your policy starts.

Your policy will not cover conditions which you already have when your policy starts, or have had in the recent past – these are called 'pre-existing conditions'. Nor does the policy usually cover conditions which are related to pre-existing conditions. A related condition means one that is caused by, or could be the cause of, another condition.

This guide explains how we deal with pre-existing conditions.

Your choices

You have a choice between two ways of applying for the cover we provide:

1) **Moratorium**

With this option, you do not need to fill in a health questionnaire. Instead, we automatically exclude any pre-existing conditions which you (and any member of your family included in your application) have received treatment and/or medication for, or asked advice on, or had symptoms of, *during the 5 years immediately before your policy started.*

However, if you do not have any treatment, medication, or advice for those pre-existing conditions, and any related conditions, for 2 years after your policy starts, then we will reinstate cover for those conditions. This 2-year period is known as the moratorium.

Please understand that your policy will probably never cover long term medical conditions which are likely to continue to need regular or periodic treatment, medication, or medical advice. This is because each time you need any such treatment, the moratorium period starts again, so it is unlikely that there would ever be 2 clear years during which you remain free of all treatment, medication and advice.

Of course, any unexpected medical conditions arising after the start of your policy will be covered immediately *

Note: we strongly advise you against delay in seeking medical advice and treatment during the moratorium for a pre-existing condition simply to obtain cover under your policy.

***subject to the policy terms and condition**

2) Full medical assessment based on completing a health questionnaire

If you choose this option, your answers to the questionnaire will enable us to understand your medical history (and that of any member of your family whom you wish to insure). It is important that you consider the questions carefully, for each person to be covered, and answer them fully. We will review your details and decide the basis on which we can accept you for cover. If necessary, we will ask your doctor for any further information we need to help us to do this.

If you have a pre-existing condition that is likely to need treatment in the future, we will usually exclude it from cover and any conditions related to it. We will show any exclusions on the schedule (certificate of insurance) you receive from us when we have processed your application. (The same process will also apply for any members of your family included in your application.)

If we exclude treatment for a pre-existing condition when your policy first starts, we will, in some cases, review the exclusion in the future, if you wish. Usually, we will not remove an exclusion for a long-term medical condition which is likely to need regular or periodic treatment.

Of course, any unexpected medical conditions arising after the start date of your policy will be covered immediately.*

Note: You must ensure that you provide full and accurate information in answer to the questionnaire. Failure to do so may mean that we cannot cover a claim or even that your policy is void. If you are unsure whether we would want to know about a particular fact, we advise you to tell us about it.

If you would like to know more about how either method of accepting you works in practice, please see the examples overleaf.

Which option should I choose?

The choice is entirely yours. Both options have a similar outcome: they cover unexpected medical conditions arising after you join, but not pre-existing medical conditions. If you are still unsure, the following points may help:

Moratorium:

With this option we ask you to give only basic information about yourself and any members of your family whom you wish to insure. We will not ask you to give details of your medical history, but we rely on you to understand that we will not cover any pre-existing conditions. As stated earlier, the only exception is when you remain free of all treatment, medication and advice for the condition, and any related conditions, for 2 years after you join.

Full medical assessment:

This option involves more of your time when completing your application form. But it does mean that, when you receive your policy documents, we will confirm which conditions we exclude from cover. Also, you may have a pre-existing condition that we can cover immediately, possibly for an extra premium. Otherwise, treatment for a pre-existing condition will only be covered if you ask us to review the exclusion and we agree to remove it.

***Subject to the policy terms and conditions**

Examples of how both options work

Here are some typical questions and answers:

Q. *I had an operation on my right knee recently. Will I be covered for any further treatment to it after my policy starts?*

A. Moratorium

There would be no cover for further treatment during the first two years of your policy. Treatment to your right knee will be covered when you have been free of treatment, medication or advice for two continuous years - for example, if your policy start date is 1st January 1999 cover will be available from 1 January 2001. However, if there is further treatment, medication or advice on (for example) 1 December 1999 then cover cannot be available until 1st December 2001 (that is, a further two years).

A. Full medical assessment

Usually we would apply an exclusion and further treatment to your right knee would not be covered. If you supply further details of the knee operation or a diagnosis is made we may be able to make the exclusion more specific. Once the policy has been in force for two years it may be possible in the light of diagnosis to review the exclusion at your request.

Q. *Some time after my cover begins, I go to my doctor for a routine visit. A heart condition is diagnosed and it must have started to develop before my policy began. What is the position?*

A. Moratorium

The moratorium is concerned with medical conditions which you had or were aware of in the five years before you started your policy. Therefore, if the heart condition is diagnosed after your policy starts, and you had not experienced previous symptoms (such as chest pains), cover would be provided by the policy. We may require information from your GP.

A. Full medical assessment

If, prior to completing the application form, you had not experienced any symptoms (such as chest pains) you would not have been able to declare this condition to us and we would not have applied a policy exclusion for it. If, however, symptoms had been apparent you would have had to provide details and we may have applied an exclusion. We may require information from your GP.

Q. *What if I suspect I am suffering from a condition (for example, I have a lump) but have not seen a doctor about it, nor received any firm diagnosis before my cover starts? Will I be covered if I need to have any investigations or treatment for the condition once my policy has started?*

A. Moratorium

If you suspect that you suffer from a condition (because you have symptoms, such as a lump) then the moratorium will apply even though you have not had medical advice or diagnosis. Cover would not be available for this condition until you have been free of treatment, medication or advice for two continuous years.

A. Full medical assessment

The application form would ask you to disclose your symptoms even though you have not had medical advice or diagnosis. We would exclude the symptoms and underlying condition. If further information or a diagnosis is made available it may be possible to apply a more specific exclusion

Q. *How do regular check-ups affect the moratorium?*

A. **It depends what the check-ups are for. For example:**

If you have a specific condition before your policy starts and your doctor, or specialist, recommends that you continue to have check-ups for that condition, then we will not cover the cost of private treatment received for that condition. Cover will only apply once you have been discharged from care and have no further treatment, medication or advice for a continuous period of 2 years.

In the same situation described above, if you choose to continue having check-ups for your own peace of mind even though you have been discharged from care, we will cover you for that condition if you satisfy the terms of the moratorium (in other words, if you do not need any medication, treatment or advice for 2 continuous years).

If you have general health check-ups simply in the interests of maintaining good health, and not for any particular condition, we ignore them when applying the moratorium.

Note: We do not pay for check-ups in any of the circumstances described above.