

Experience rated group application



- These group policies are underwritten by AXA PPP healthcare Limited (“AXA Health”).
- The Permanent Health Company Limited (“PHC/we/us”) administer these group policies, acting on behalf of AXA Health.
- Please take care to provide accurate and complete answers to all questions within this application form.

Section 1: Group details

Group name: (the Group/you/your)

Trading name (if different to Group name):

Address:

Postcode:

Group registration no:
(for plc, limited, LLP)

Industry:

Group population size:

Group telephone no:

Group website:

Group Administrator name:

Email:

Phone:

Alternative Group Administrator name:

Email:

Phone:

Section 2: Cover required

2a.

Date cover started with previous insurer:

Previous insurer:

Date cover expires with previous insurer:

Please note: By completing and signing this application form you are confirming that the cover required is as per the quotation provided and that you have checked all details are correct.

You are aware and agree that any changes in details may change the premiums due, which you will be responsible for.

Section 2: Cover required (continued)

2b.

Contract start date:

Number of members to be covered:

Plan required:

- Plan 1 Plan 2 Plan 3 Plan 4
 PHC Plus (only available on Plans 1 and 2)*

* **Note:** This must be applied to the whole group. It cannot be mixed by members. Specified Hospital List not available with PHC Plus.

Hospital option required:

- Standard London Upgrade
 Specified Hospital List*

* **Note:** This hospital option must be applied to the whole group. It cannot be mixed by members.

Option required:

- A Not applicable

Excess options required:

- None £100 £150 £250 £500 £1000 £2500

Note: On Plan 4 the options are £100, £250 and £500.

Section 3: Underwriting required

3a. Required underwriting for members included in this application:

(Please tick all that apply)

- Two year moratorium (MORI) Full medical underwriting (FMU)
 Medical history disregarded (MHD)
MHD terms are subject to PHC's agreement as part of this application

3b. Required underwriting for new members to the policy:

(Please tick all that apply)

- Two year moratorium (MORI) Full medical underwriting (FMU)
 Medical history disregarded (MHD)
MHD terms are subject to PHC's agreement as part of this application

Section 4: Payment details

4a. Funding arrangement

Please confirm the level of cover that your business will be paying:

- Members and dependants
 Members only (members to pay for any dependants cover)
 Partial – Payroll deduction for partial contribution*

* Please confirm company contribution %

Please note that irrespective of the above, you confirm and accept that your policy premiums must all be paid from your Group account for this insurance contract.

4b. Please confirm how you want to pay for your premiums:

- Annually by Direct Debit Instruction BACS Cheque (payee The Permanent Health Company Limited)
 Quarterly by Direct Debit Instruction Monthly by Direct Debit Instruction

All clients who pay on an annual basis and clients with fewer than 15 members who pay on either a monthly or quarterly basis will receive an invoice at the start of the policy with subsequent invoices/credit notes raised for any joiners or leavers to the policy.

Clients who pay on a monthly or quarterly basis with 15 or more members will receive monthly/quarterly invoices with an amount due for the month/quarter. This invoice will include the date the direct debit will be collected.

In limited circumstances, PHC may consider monthly/quarterly invoicing for policies with fewer than 15 members. If you would like to discuss this, please contact your intermediary.

If you choose to pay by direct debit please complete the Direct Debit Instruction (DDI) on the last page of the form with the bank details of the company account from which the direct debits should be collected. Please ensure this is signed in accordance with your bank mandate. The DDI should be scanned back to us.

The DDI will be submitted to your bank when your Group HealthCover4life policy set up is complete and we have issued the Group Schedule. If you have any questions regarding the form please email support@thephc.co.uk or ring 01923 770 000.

Section 5: Privacy notice

Privacy Notice

Your Members' Personal Information

Your policy is underwritten by AXA Health and administered by PHC. This is a summary of our respective Privacy Policies. Please make sure that your members read the summary of our respective Privacy Policies in their membership handbook. You can find the full data privacy policies on our websites. If you would like a copy of the full policy please call us on **01923 770 000** and we'll send you one.

We will only use your members' information in ways we are allowed to by law, which includes only collecting as much information as we need. We will gain the relevant person's consent to process information such as their medical information when it's necessary to do so. We want to reassure you AXA Health never sells personal member information to third parties.

We collect information about your members and their family members who are covered by this plan from your members, their family members, their healthcare providers, you as their employer where applicable, your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your members' information mainly for managing their membership and their claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you and statistical analysis for example to help us decide on premiums.

We may disclose your members' information to other people or organisations. For example, we'll do this to:

- manage their claims, eg to deal with their doctors;
- manage your policy with your insurance broker; and
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies.

In order to be able to manage your policy we may access your and your members' information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. For these purposes, we may also perform an international transfer of your members' data. Before doing so we will ensure that your members' data is protected and disclosed only to authorised individuals solely for servicing your policy or a claim.

In some cases your members have the right to ask us to stop processing their information, but if they do we may not be able to process their claims or manage your plan properly.

Section 6: Declaration and acceptance of contract of insurance

Declaration

A. The Group declares that:

- to the best of its knowledge and belief the statements on this application form are full, true and correct;
- it agrees to the terms of the Group Contract of Insurance between AXA Health and the Group detailed in the Group Contract of Insurance and Administrators Guide;
- the members to be covered by the policy are resident in the United Kingdom.

B. The Group agrees that the acceptance of this application shall be on the basis of these statements. The Group understands that if there are changes in the information the Group has given PHC before the Group has been told that the member(s) has or have been added to the policy, it must inform PHC in writing immediately.

C. If the Group is switching from an existing group policy (Continued Medical Exclusions CME):

- The Group understands that PHC will accept any medical underwriting terms applied by your current insurer and will not impose any additional such terms on any currently insured members or dependants also transferring;
- The Group also understands that PHC will, however, apply its own rules, including its general exclusions and limitations, to all future claims;
- The Group hereby undertakes to provide current registration certificates and have enclosed original copies of current insurance certificate(s).

D. The Group understands that PHC will send all correspondence about this application, including claims correspondence to the Group Administrator, unless the Group writes to tell PHC otherwise. The Group also understands that PHC will issue policy documents, written communications and membership details in English unless PHC and the Group have specifically agreed, in writing, to communicate in a different language.

E. By signing and returning this form, the Group Administrator warrants that it has authority to complete this application on behalf of the Group.

Signature of Group Administrator on behalf of the Group:

Date:

Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application form please let us know within three months of the start date of the policy.

Glossary and notes

Underwriting definitions:

Continued personal medical exclusions (CPME)

Members joining on a CPME basis will not have to complete a medical declaration or application form but will have to provide their previous insurance certificate confirming the underwriting terms previously applied. There must be no break in cover. Previous exclusions will be continued or the moratorium start date will continue under the terms and conditions of the new policy.

Medical history disregarded (MHD)

Members joining on an MHD basis do not need to complete any medical declaration and eligible pre-existing conditions will be covered by the policy (subject to policy benefits, terms and conditions).

Moratorium (MORI)

Members joining on a moratorium basis will not have to complete a medical declaration prior to joining, but membership is on the understanding that all pre-existing medical conditions and certain specified conditions experienced during the last five years are only covered after being a member for two continuous years and after being free from all treatment relating to that condition for two years. All new conditions are covered from the date of joining (please see the Handbook for further details).

Full medical underwriting (FMU)

Members joining on a full medical underwriting basis must each supply a medical declaration on the application and, in certain circumstances, a medical report. This means that pre-existing medical conditions are then excluded where necessary.

Acceptance of transfer terms

CPME terms are subject to PHC's acceptance of this application, declaration and receipt of the previous insurers' certificates of cover for all persons covered.

MHD transfer terms are subject to PHC's provision of an MHD quotation. PHC's acceptance of this application, declaration and where appropriate receipt of the previous insurers' documentation detailing MHD terms and completed members' declarations.

To be completed by the appointed intermediary

Agency name:

Agency number:

Consultant's name:

Email:

Telephone number:

Membership packs to be sent to:

Member's home address Group Intermediary

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The Permanent Health Company Limited

PHC is a trading name of The Permanent Health Company Limited which is authorised and regulated by the Financial Conduct Authority under reference 310293. Registered office: 20 Gracechurch Street, London EC3V 0BG. Registered in England and Wales No. 2933772. Write to us at The PHC, Building 2, First Floor, Croxley Park, Watford, Hertfordshire, WD18 8YA. T. 01923 770 000. The Permanent Health Company Limited is a wholly owned subsidiary of AXA PPP healthcare Group Limited and part of the global AXA group.

AXA PPP healthcare Limited trading as AXA Health is the underwriter of PHC medical insurance policies. Registered office: 20 Gracechurch Street, London EC3V 0BG and registered in England and Wales No. 3148119.

AXA PPP healthcare Limited trading as AXA Health is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority under reference 202947.

Calls may be recorded and/or monitored for quality assurance, training and as a record of our conversation.



