Member full medical underwriting application

- This is an application form to join the private medical insurance group policy.
- Group policies are underwritten by AXA PPP healthcare Limited ("AXA Health").
- The Permanent Health Company Limited ("PHC/we/us") administers group policies on behalf of AXA Health.
- Please take care to provide **accurate and complete** answers to all questions for all members who are to be insured under this plan.
- Please make sure you have permission to advise us of all the medical details for all the family members you wish to add to this plan.

Section 1: Group details

Group name: ______ (the Group)

Group policy no. (if known): P

Section 2: Member and policy details

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname:

First name:

Date of birth:

Sex at birth: ☐ Male ☐ Female

Address:

Postcode:

Phone:

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 member. 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 member.

Option required:

☐ A ☐ B ☐ Not applicable

Excess options required:

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

Note: Excesses are not available on Plan 3b. On Plan 4 the options are £100, £250 and £500.

Section 3: Dependants' details

If more than five dependants are to be added please include extra details on a separate sheet.

Dependant 1

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname: First name:

Date of birth: Sex at birth: ☐ Male ☐ Female

Dependant 2

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname: First name:

Date of birth: Sex at birth: ☐ Male ☐ Female

Dependant 3

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname: First name:

Date of birth: Sex at birth: ☐ Male ☐ Female

Dependant 4

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname: First name:

Date of birth: Sex at birth: ☐ Male ☐ Female

Dependant 5

Title: ☐ Dr ☐ Mr ☐ Mrs ☐ Miss ☐ Ms ☐ Other:

Surname: First name:

Date of birth: Sex at birth: ☐ Male ☐ Female

Section 4: Medical history

Please note:

All questions should be answered in full for yourself and each family member to be included on the policy, giving reasons, dates, treatment and whether or not further treatment is necessary. If you are unsure whether something is relevant, you should include this information on the form. Insufficient information may result in this application being declined and/or a claim being declined.
Note: You must obtain the consent of any family member over the age of 16 before you provide any health information about them.

If anyone to be included on this application experiences a change in the state of their health before the policy starts, you must inform us immediately.

It may be necessary for us to contact your, or your dependants', General Practitioner (GP) for further information on your medical history in order for us to accept your application. If this is required we will send you an Access to Medical Reports Form for completion before we proceed any further with the application. This is to provide your consent, or your dependants' consent, for us to be supplied with any further required information by your, or your dependants', GP.

Has anyone you want to include in this policy:	Yes	No
1. Seen a Consultant or Specialist in the past five years?	☐	☐
2. Been treated in, or admitted to a hospital or nursing home in the past five years?	☐	☐
3. Undergone (or are currently undergoing) any form of treatment not prescribed by a medical practitioner in the past five years?	☐	☐
4. Been to see a medical practitioner (this includes doctor, physiotherapist, practice nurse etc) in the past year?	☐	☐
5. Been taking and are currently taking regular medication, whether or not prescribed by a medical practitioner?	☐	☐
6. Ever had any of the following medical conditions, disabilities, health problems or symptoms (whether or not consulted with a medical practitioner):		
■ Cancer	☐	☐
■ Heart/cardiac complaints	☐	☐
■ Stroke/high blood pressure	☐	☐
■ Circulatory system (eg varicose veins)	☐	☐
■ Anxiety, depression, stress or other psychiatric condition/episode	☐	☐
■ Diabetes	☐	☐
■ Gynaecological or menstrual complaints	☐	☐
■ Back/spinal complaints	☐	☐
■ Limb or joint complaints (eg arthritis or rheumatics)	☐	☐
■ Abdominal/digestive complaints (including urination)	☐	☐
■ Eye complaints	☐	☐
■ Ear, nose or throat complaints	☐	☐
■ Respiratory complaints	☐	☐
■ Nervous system complaints (eg sciatica, carpal tunnel)	☐	☐
7. Had any other medical conditions, disabilities, health problems or symptoms that haven't been mentioned above, including where a GP or medical practitioner has not yet been consulted?	☐	☐

If you have ticked yes to any of the questions above please give full details overleaf and if necessary include any additional information on a separate sheet.

Name of patient	Condition	Date(s) of consultation(s)	Treatment received	Need for further consultation / treatment

Please use a separate sheet if required

Section 5: Privacy notice

To be completed by the member

Privacy Notice

Your and Your Dependants' 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 you and your dependants 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 and your dependants' 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 you and your dependants who are covered by this plan from you, your dependants, your healthcare providers, your employer, your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your and your dependants' information mainly for managing your membership and your 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 and your dependants' information to other people or organisations. For example, we'll do this to:

- manage their claims, eg to deal with your 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 dependants' 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 and your dependants' data. Before doing so we will ensure that your and your dependants' data is protected and disclosed only to authorised individuals solely for servicing your policy or a claim.

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

Please note:
It is essential that complete information is supplied. If you don't take reasonable care and the information you give us is inaccurate or incomplete then we may take one or more of the following actions:

- cancel your plan;
- declare your membership void (treating your plan as if it had never existed);
- change the terms of your plan; or
- refuse to deal with all or part of any claim or reduce the amount of any claim payments.

We may ask you to provide further information and/or documentation to make sure that the information you gave us when taking out, making changes to or renewing your plan was accurate and complete.

Please do not assume that we'll carry out any searches or contact any other person to check any of the information to the answers to any of the questions on this application form or any of the information provided in response to these questions. It remains your responsibility to complete the application form and check that the information within it is accurate and complete.

If you are in any doubt as to whether any facts are material, you should disclose them. You should keep a record of all information you supply in connection with this application.

Section 6: Declaration to the underwriters

Medical declaration

☐ Please tick this box to confirm that:

- If included, your family members 16 years of age or older have agreed to you acting on their behalf and giving us health information about them; and
- That on your and any family members behalf you consent to us using that health information to provide you with a quote, together with the policy, any adjustments and renewal if you choose to purchase this.

Declaration

- You confirm that all statements made in this application are true and complete to the best of your knowledge and belief.
- You understand that they will form the basis of the proposed contract between the Group and AXA Health, the underwriter, based upon the terms and conditions of HealthCover4*life* (which are available on request).
- You understand that if anyone to be included on the application experiences a change in the state of their health before the policy starts, you must inform PHC immediately.
- You understand it is your responsibility to ensure all people to be included on the policy have read and understood the contents of this form.
- You understand that illnesses, conditions or injuries which arose before the date of acceptance by PHC of this policy will not be covered unless those illnesses, conditions or injuries have been disclosed on this form (or subsequently disclosed) and AXA Health, the underwriter, has agreed to cover them.
- You have read and understood the privacy notice statement above and have shown this to the other family members to be covered on this policy.

Member signature: ____________________ Date: __________

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