

Group member simplified declaration



- This is a simplified declaration for the eligible member to complete.
- 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:

Section 2: Member details (lead member)

Title: Dr Mr Mrs Miss Ms Other:

Surname:

First name:

Date of birth:

Sex at birth: Male Female

Address:

Phone:

Postcode:

Cover required:

Single Couple Family Single parent family

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: Privacy notice

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 5: 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.

Please tick and sign one of the following declarations

A. If you can confirm that no one to be covered under this plan has in the past two years had any heart condition or problem, or cancer investigation or treatment, or is currently undergoing, or expected to undergo in-patient or day-patient treatment (private or NHS) you will be accepted on a Medical History Disregarded (MHD) basis.

By 'treatment' we mean surgical or medical services (including medication prescribed by a specialist) that are needed to diagnose, relieve or cure a disease, illness or injury. A 'specialist' is any doctor who is not your GP.

I can confirm to the best of my knowledge.

B. If you are unable to sign the MHD declaration (A) or would prefer to join the policy on a different underwriting basis please tick one of the below:

- Continued personal medical exclusions (CPME)
- Full medical underwriting (FMU)
- Moratorium (MORI)

Member signature:

Date:

By signing the above you confirm that the following underwriting will apply to your policy with PHC.

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

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