

Declaration of continued good health

- This is a declaration of continued good health form for members of the company private medical insurance group policy.
- Group policies are underwritten by AXA PPP healthcare Limited ("AXA Health").
- The Permanent Health Company Limited ("PHC/we/us") acts on behalf of AXA Health and administers group policies.
- Please take care to provide accurate and complete answers to all questions within this application form.
- 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.

Member (lead member):

Full registered Company name:
(if applicable)

Have there been any changes to the state of health of any person applying for cover since the policy lapsed? *If yes, please complete the details in the boxes below.*

☐ Yes

☐ No

Name of patient	Symptoms/condition	Has a GP/ specialist been consulted?	Date of consultation	Treatment received	Need for further consultation/ treatment

Privacy notice and declaration to the underwriters

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, e.g. 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.

Privacy notice and declaration to the underwriters (continued)

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 HealthCover4life (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 illness, 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:



PHC is a trading name of The Permanent Health Company Limited which is authorised and regulated by the Financial Conduct Authority. AXA Health is a trading name of AXA PPP healthcare Limited and is the underwriter of PHC medical insurance policies. AXA Health is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Both companies are registered in England and Wales under numbers 2933772 and 3148119 and their registered office is located at 20 Gracechurch Street, London EC3V 0BG. Write to us at: The Permanent Health Company, Building 2, First Floor, Croxley Park, Watford, Hertfordshire, WD18 8YA. T. 01923 770 000. We may record and/or monitor calls for quality assurance, training and as a record of our conversation. PB110754/10.26.