

Group application switch plan

- 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 complete this form in black ink using BLOCK CAPITALS.

Section 1: Group details

Group name:		(the Group/you/your)
Trading name (if different to Group name):		
Address:	Group registration no: (for plc, limited, LLP)	
	Industry:	
Postcode:		Group population size:
Group phone:		
Group website:		
Group administrator's name:		
Email:		
Phone:		
Secondary group administrator's name:		
Email:		
Phone:		

Section 2: Cover required

2a.

Quotation number:	Q	Previous insurer:	
Date cover started with 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 number provided above 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.

Only complete section 2b if you haven't provided a quotation number above.

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 not available with PHC Plus.

Hospital option required:

☐ Standard ☐ London Upgrade ☐ Specified*

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

Option required:

☐ A (excluding Mental Health services)

Excess options required:

☐ None ☐ £100 ☐ £150 ☐ £250 ☐ £500 ☐ £1,000 ☐ £2,500

Note: Excess options on Plan 4 are limited to £100, £250, and £500.

Section 3: Underwriting required

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

(Please tick all that apply)

☐ Continued personal medical exclusion (CPME) transfer ☐ Medical history disregarded (MHD) transfer

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 ☐ Quarterly by Direct Debit ☐ Monthly by Direct Debit

☐ Annually by BACS ☐ Annually by Cheque (payee The Permanent Health Company Limited)

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: Switch disclosure declaration

5a. Mandatory disclosure declaration:

1. To the best of your knowledge has anyone to be insured on this group policy suffered from any condition relating to or arising from cancer in the past two years.

☐ Yes

☐ No

2. To the best of your knowledge is any member currently undergoing, or expected to undergo in-patient or day-patient treatment (private or NHS)?

☐ Yes

☐ No

5b. Additional disclosure declaration required for groups of between 3 to 10 members only:

3. Has any member been off work through illness for more than two consecutive weeks in the past 12 months?

☐ Yes

☐ No

If you have ticked yes to any of the questions above please complete 5c (below) providing as much detail as you are able to about the condition and treatment for the condition, including approximate dates of operations/treatment (including planned future treatment).

Answering 'Yes' and/or providing additional detail does not mean that your policy application will be automatically declined. AXA Health, the underwriter, reserves the right to i) accept, ii) accept but subject to a revised premium, iii) accept but include exclusions or iv) decline cover.

If prior disclosure was made during the quotation process and we have confirmed acceptance, this section should still be completed. If prior disclosure was not made and/or you are aware of any change in situation this must be disclosed.

5c. Additional details

The following should only be completed if you have ticked yes to any of the questions in section 5a and/or 5b.

Please provide as much detail as possible of the condition and treatment of the condition including approximate dates of operations/treatment including future planned treatment.

Please print clearly and use a separate sheet if required.

1. Member's name:

Condition:

Treatment:

Dates:

2. Member's name:

Condition:

Treatment:

Dates:

Section 6: 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, statistical analysis for example to help us decide on premiums and marketing.

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 7: Declaration and acceptance of contract

Medical declaration

☐ Please tick this box to confirm that:

- All lead members and, if their family members 16 years of age or older have agreed to you acting on their behalf and giving us health information about them; and
- All lead members and their family members 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

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 Insurance Contract between AXA Health and the Group detailed in the Group Insurance Contract 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 Personal Medical Exclusions CPME):

- 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



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 Limited, 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. PB109835/10.26.



Instruction to your Bank or Building Society to pay by Direct Debit



Please fill in the whole form and send it to:

The Permanent Health Company Limited
Building 2, First Floor,
Croxley Park,
Watford,
Hertfordshire,
WD18 8YA

Name(s) of account holder(s)

Bank/Building Society account number

--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--

Name and full postal address of your Bank or Building Society

To The Manager	Bank/Building Society	Signature(s)
Address		
Postcode:		Date

Originator's Identification Number

7	5	8	0	6	2
---	---	---	---	---	---

For The Permanent Health Company Limited official use only
This is not part of the instruction to your bank or building society

Reference number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Instruction to your Bank or Building Society

Please pay The Permanent Health Company Limited Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with The Permanent Health Company Limited and, if so details will be passed electronically to my Bank/Building Society.

Banks and Building Societies may not accept Direct Debit Instructions for some types of account

This guarantee should be detached and retained by the Payer



The Direct Debit Guarantee

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit The Permanent Health Company Limited will notify you seven working days in advance of your account being debited or as otherwise agreed. If you request The Permanent Health Company Limited to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by The Permanent Health Company Limited or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society
 - If you receive a refund you are not entitled to, you must pay it back when The Permanent Health Company Limited asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.