

To apply for PruHealth membership complete SECTIONS A to J.
Please check all details on the application. If any details are incorrect put a line through them, write in the correct details and initial the change.
Please use BLOCK CAPITALS and black ink when filling in this form.



Personal Healthcare application form.

A – Quote and cover details

By completing this application form, you are applying for the cover and benefits provided in your personal healthcare quote. Please enter the quote reference number below and attach a copy of the relevant quote to this application form.

Quote reference number* Campaign code (if applicable)

Start date*

B – Policyholder details

Title Mr Mrs Ms Miss Other Gender* Male Female

First name* Last name*

Address*
Postcode*

Telephone number (home)* Telephone number (mobile)* Telephone number (work)*

E-mail* Date of birth*

Are any applicants employed in the armed forces, or as professional or semi-professional sportsmen or women, or work offshore in the extraction or refinery of natural or fossil fuels?* Yes No

We are not able to cover people employed in these industries.

* required field

To be completed by Adviser

Your FSA number
(Registered individuals) e.g. A B C 1 2 3 4 5

Phone number

Email address

Registered individual's first name

Registered individual's last name

Your PruHealth agency details
e.g. 1 2 3 4 5 6 X

OR Agency name and address stamp

Routing of documentation

In line with Data Protection regulations, all information and questions regarding this application that are of a confidential nature will be addressed directly to your customers. We will inform you when this happens. PruHealth will address all non-confidential questions to the Adviser or Healthcare Consultant.

Please indicate where you would like us to send the following documentation:

Member welcome packs

Member renewal packs

Member mid-term adjustments**

You* Member

You* Member

You* Member

IMPORTANT: Only one recipient can be chosen for each document type.

* Please note that if you have elected to have member documentation routed to you, it is your responsibility to ensure that the member receives this in a timely way as we will not send any communications to them directly.

** This refers to policy letters and membership certificates sent as a result of changes made to the policy mid-term.

I confirm that all material facts regarding the medical information for this individual (and their dependants) for which I am aware, have been passed to PruHealth for consideration.

Signature

Date

C – Partner and dependant details

Complete only if there are other people to be covered by this policy

Partner

Title Mr Mrs Ms Miss Other

First name Last name

E-mail

Date of birth Gender Male Female

Complete only if there are other people to be covered by this policy

Dependant 1

Title Mr Mrs Ms Miss Other

First name

Last name

E-mail

Date of birth Gender Male Female

Dependant 2

Title Mr Mrs Ms Miss Other

First name

Last name

E-mail

Date of birth Gender Male Female

Dependant 3

Title Mr Mrs Ms Miss Other

First name

Last name

E-mail

Date of birth Gender Male Female

Dependant 4

Title Mr Mrs Ms Miss Other

First name

Last name

E-mail

Date of birth Gender Male Female

If you have more than four dependants, please attach another sheet with their details. PruHealth will cover a maximum of eight child dependants.

Only complete Sections D and E if you are applying under the Full Medical Underwriting or Switch Underwriting options. You do not need to complete Sections D or E if you are applying under Moratorium Underwriting Terms.

D – Doctor's details

Please state the name and address of your usual doctor (to whom requests for information are usually made). If you have changed your doctor in the past year, please also give the name and address of your previous doctor on a separate sheet of paper. If the doctor is different for any of the other applicants, please also give details on a separate sheet of paper.

GP's name

Address*

Postcode*

Telephone number

Fax number

E – Access to Medical Reports Act 1988

Before we can assess your application, we may need to get a medical report from a doctor who has cared for you. The Access to Medical Reports Act 1988 gives you certain legal rights. These are:

- we need your agreement before we can apply for a medical report from your doctor. You can refuse but, if you do, we will not be able to assess your application.
- you can ask to see the report before the doctor sends it to us, or up to six months after.
- if you tick the box below to indicate that you want to see the report, your doctor can charge you a reasonable fee to cover costs.
- if you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to do this, you may attach a statement of your own.

You will not be entitled to see any part of the report which:

- the doctor believes could seriously harm your physical or mental health, or that of others.
- indicates the doctor's intentions in respect of you.
- reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in caring for you).

We will write and tell you when we have requested the report. If you've asked to see the report before your doctor sends it to us, you will have 21 days from the date of receipt of our letter to contact your doctor. Once you have seen the report, your doctor needs your agreement to send it to us. If you don't arrange to see the report within 21 days, your doctor will be free to send it to us.

Declaration of consent

I have been informed of and understand my statutory rights under the Access to Medical Reports Act 1988, as explained above. In connection with my insurance application I consent to PruHealth being provided with medical information from my GP or any other health professional who at any time has attended me concerning anything which affects my physical or mental health. I agree that a copy of this consent shall have the validity of the original.

I would like to see the report before it is sent to PruHealth Please tick one box only
 I do not need to see the report before it is sent to PruHealth

To avoid delay, each person may choose to give their consent by signing in the box below

Policyholder's signature	_____	Date
Partner's signature	_____	Date
Parental guardian's signature (for children under 16)	_____	Date
Signature of dependant (aged 16 or over)	_____	Date
Signature of dependant (aged 16 or over)	_____	Date

We may ask you to contact your doctor if we request a medical report and experience delays receiving it.

F – Cover options

Mark the table below to show your choice of cover options. Use the options detailed against each benefit. Where there are no options listed, please use a tick or a cross. Please complete all benefit choices.

Benefit	Choice	Benefit	Choice
Core Cover	✓	Excess Type (per claim/per year/no excess)	
Vitality (Vitality/Vitality Plus)		Excess Amount (£0/£100/£250/£500/ £1,000)	
Cancer Cover (Core/Full)		Psychiatric Cover (None/ £15,000/ £20,000)	
Out-patient Cover (None/ £500/ £750/ £1,000/£1,250/ £1,500, Full Cover)		Private GP Helpline	
Out-patient Diagnostics (M = MRI CT PET scans only/ O = As above + other diagnostics to Out-patient limit/ F = Full cover)		Dental Cover (None/Major/Major and Routine)	
Therapies Cover (None/ £350/ Full cover)		Worldwide Travel Cover	
Hospital list (Local/Countrywide/London/Premier)			

G – Underwriting options

Please help us by completing the underwriting questions honestly and in full. If you give us incorrect information this may mean that we will not pay a future claim. Please only complete the underwriting section relating to the underwriting type on the quote you are choosing to accept.

By selecting **full medical underwriting (FMU)**, you will know exactly what is covered and what conditions are excluded from your cover. You need to provide full medical details in the BLUE section of this form. If this is your first health insurance policy, you will also have been given a discount for choosing FMU underwriting.

If you select **moratorium underwriting**, you will not have to provide full medical details on this form but we may have to request information from your GP when you make a claim to determine whether the condition was pre-existing. Please complete the PURPLE section of this form.

If all people to be covered by the policy are aged 79 or under and you are **switching from another health insurance provider**, we may be able to carry your existing exclusions across to a new individual policy with PruHealth. Please complete the PINK section of this form.

Select one underwriting option (as detailed on the quote):

1. Full medical underwriting

2. Moratorium underwriting

3. Switching from another provider

G1 – Full medical underwriting

Only complete this section if you chose the full medical underwriting option, then go to section H.

Please complete the following questions. Should you have any relevant medical reports please attach copies of these to this application. Each person to be covered by the policy (applicant) must be under 80 years of age and must provide information where requested. If you are unsure if we need to know a particular fact, please disclose it anyway.

1. Are any applicants currently: Yes No
- a) taking regular medication (whether prescribed or over the counter, but excluding contraception, HRT or medicines used to treat minor illnesses such as colds & flu)?
 - b) awaiting any medical test results, follow-up consultations, treatment or investigations?
 - c) experiencing symptoms of any health problems (or had symptoms in the last 3 months), whether or not medical advice has been sought?
 - d) being regularly monitored by a Consultant, GP or other health professional?
2. In the last 5 years, has any applicant attended a hospital, clinic or nursing home as an in-patient, day-patient or out-patient? Yes No
3. Have any applicants ever been treated for, diagnosed with or advised that they may have any of the following: Yes No
- a) heart condition or stroke/transient ischaemic attack (mini-stroke)?
 - b) cancer?
 - c) any form of arthritis, or joint or muscular problems that have resulted in regular, recurrent or persistent pain?
 - d) mental health illness (including stress, anxiety and depression)?

If all applicants have answered NO to all 3 questions above you do not need to answer any more questions in this section and you can be accepted on full medical underwriting with no personal medical exclusions. **Please just sign the declaration on page 6.**

Any applicant answering YES to any question above should **complete the rest of this section and then sign the declaration on page 6.** Please see overleaf.

G1 – Full medical underwriting (continued)

Only complete this section for any applicants who answered "YES" to any of the previous Full Medical Underwriting questions. Once completed then go to SECTION H. It is essential that each person to be covered by the policy provides all relevant information where requested. Failure to do so may mean that we are unable to offer cover. Please help us by completing the underwriting questions honestly and in full. If you give us incorrect information this may mean that we will not pay a future claim, or may result in the policy being declared void.

Further Health Questions

Has any applicant ever experienced or been treated for, or are they currently suffering from, any of the following conditions or symptoms? (If yes, please provide full details including date(s) of treatment, consultations & investigations where appropriate on the next page)

a. Blood disorders	e.g. anaemia, leukaemia, bleeding disorders, haemophilia, lymphoma, thrombosis (blood clots)	Yes <input type="checkbox"/> No <input type="checkbox"/>
b. Brain and nerve disorders	e.g. stroke, multiple sclerosis, epilepsy, migraine, paralysis, Parkinson's disease, quadriplegia, paraplegia	Yes <input type="checkbox"/> No <input type="checkbox"/>
c. Cancer	e.g. any form of cancer or pre-cancerous growth, tumours or moles that have changed in appearance	Yes <input type="checkbox"/> No <input type="checkbox"/>
d. Cardiac and vascular disorders	e.g. angina/heart attack, heart failure, heart murmurs, rheumatic fever, high blood pressure, rhythm disturbance (palpitations), varicose veins, poor circulation, raised cholesterol, heart surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
e. Connective tissue disorders	e.g. SLE (systemic lupus erythematosus), scleroderma, mixed connective tissue disorder	Yes <input type="checkbox"/> No <input type="checkbox"/>
f. Dental disorders	e.g. over/under bite problems, missing/skew teeth, impacted wisdom teeth or ongoing treatment	Yes <input type="checkbox"/> No <input type="checkbox"/>
g. Eye, ear and speech disorders	e.g. cataracts, glaucoma, macular degeneration, hearing/visual impairment, loss of speech	Yes <input type="checkbox"/> No <input type="checkbox"/>
h. Gastro-intestinal disorders	e.g. peptic ulcer, hiatus hernia, heartburn, changed bowel habits, rectal bleeding, Crohn's disease, ulcerative colitis, IBS (irritable bowel syndrome)	Yes <input type="checkbox"/> No <input type="checkbox"/>
i. Gynaecological disorders	e.g. ovarian cysts, endometriosis, fibroids, infertility, disorders of the cervix, menstrual disorders	Yes <input type="checkbox"/> No <input type="checkbox"/>
j. Kidney/Urinary tract disorders	e.g. kidney failure, kidney stones, recurrent infections, nephritis, prostate problems, blood/protein in urine, polycystic kidneys	Yes <input type="checkbox"/> No <input type="checkbox"/>
k. Liver/Pancreatic disorders	e.g. hepatitis, cirrhosis, liver failure, gallstones, pancreatitis	Yes <input type="checkbox"/> No <input type="checkbox"/>
l. Mental health/Psychiatric disorders	e.g. depression, anxiety, schizophrenia, eating disorders, ADHD (attention deficit hyperactivity disorder), autism	Yes <input type="checkbox"/> No <input type="checkbox"/>
m. Metabolic/Endocrine disorders	e.g. diabetes, thyroid abnormalities, growth disorder, Cushing's disease, Addison's disease	Yes <input type="checkbox"/> No <input type="checkbox"/>
n. Musculo-skeletal disorders	e.g. arthritis, rheumatoid arthritis, myasthenia gravis, muscle weakness, gout, osteoporosis, back problems, e.g. slipped disc, backache, sciatica, pinched nerve, loss of limb	Yes <input type="checkbox"/> No <input type="checkbox"/>
o. Respiratory disorders	e.g. asthma, emphysema, bronchitis, shortness of breath, persistent cough, coughing up blood, cystic fibrosis, sinusitis, allergic rhinitis, COAD (chronic obstructive airways disease) or any lung surgery	Yes <input type="checkbox"/> No <input type="checkbox"/>
p. Skin disorders	e.g. eczema, psoriasis, acne, hypertrophic scars (keloid)	Yes <input type="checkbox"/> No <input type="checkbox"/>
q. Sensory functions	e.g. loss or impairment of sense of touch, smell or taste	Yes <input type="checkbox"/> No <input type="checkbox"/>

G1 – Full medical underwriting (continued)

If you answered "YES" to any of the questions (a – q) on page 5, please supply full details below.

Name of Applicant	Condition/symptom (and question number/ letter(s) it refers to)	Description of medication/ treatment/consultations/ investigations (PLEASE INCLUDE ALL DATES)	What, if any, further consultations/treatment/ investigations are required.	Present state of health (eg. Full recovery or symptoms still present)

Additional information – if you require more space, please continue on a separate sheet of paper and attach it to this form.

Full medical underwriting declaration.

Please sign below to confirm the above details are accurate, if you have selected Full Medical Underwriting:

Signature of policyholder on behalf of all applicants

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please go to Section H

G2 – Moratorium underwriting

Only complete this section if you chose the moratorium underwriting option, then go to section H.

What is Moratorium Underwriting?:

If you select Moratorium Underwriting (Mori), we do not ask you to give details of your medical history or make you undergo a medical examination. Instead, we apply a straightforward exclusion clause (our 'moratorium clause') which says:

We cannot pay claims for the treatment of any medical condition or related condition which you have received medical treatment for, had symptoms of, asked advice on or to the best of your knowledge and belief were aware existed in the five years before the cover start date (a 'pre-existing medical condition').

After two years of continuous insurance cover from the cover start date, all pre-existing medical conditions will become eligible for benefit, subject to the terms and conditions of the policy. However, this only applies if, when you first receive treatment, you have not:

- consulted any doctor for medical treatment or advice (including check-ups) or
- taken medication (including drugs, medicines, special diets or injections), for that medical condition or any related condition for two continuous years after your cover start date.

This clause can easily be broken down into three parts.

- Firstly - Medical conditions that are covered from the first day of your insurance. These are conditions that are new to you after taking out your policy.
- Secondly - Pre-existing medical conditions which become eligible for cover after at least two years continuous insurance. We cover them if you have stayed free from receiving any treatment, advice or medication for a continuous period of two years after taking out your policy.
- Thirdly – Pre-existing medical conditions which we permanently exclude from cover. We exclude them because you will need regular or periodic treatment, advice or medication and you will never be able to remain free for any continuous two year period.

Your policy will probably never cover any pre-existing long-term medical conditions such as heart problems, cancer and psychiatric conditions, which are likely to require regular or periodic treatment, medication or advice. This is because the moratorium period starts each time you receive such treatment, so it's unlikely you'll ever have two consecutive years free of treatment. Of course, we strongly advise you not to delay seeking medical advice or treatment for a pre-existing condition during the moratorium period.

Moratorium underwriting declaration

I understand and agree that:

- Pre-existing medical conditions are subject to the terms and conditions of the moratorium as defined in the terms and conditions of the policy, and as explained above.
- If any applicant makes a claim, PruHealth will have to request information from them or their GP to determine whether the condition was pre-existing or not.
- All applicants to be covered are aged 79 or under.

Signature of policyholder on behalf of all applicants

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Please go to Section H

G3 – Underwriting for applicants switching from another provider

Only complete this section if you chose the switching from another provider underwriting option, then go to section H.

The switch underwriting option is available to eligible applicants who currently have health insurance and would like to transfer to PruHealth.

Current cover and claims history

These questions are used to determine your eligibility for a no-claims discount and for continuing cover with your existing exclusions where you are switching from another provider.

1. Do you currently have health insurance? Yes No
2. If yes, for how many years have you had health insurance?
3. How many relevant claims* have you made on your health insurance in the past 5 years?
4. Name of current health insurer
5. Current health insurance renewal date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

*Note: Relevant claims are those which have been made on health insurance only, not on dental or travel insurance. You do not need to include health insurance claims of less than £350 if they were completed more than 12 months ago.

Health insurance claims related to the following conditions do not need to be included either, if they were completed more than 12 months ago:

Gall bladder removal, Hysterectomy, Adenoidectomy, Appendicectomy, Wisdom teeth removal, Fractures - with no pins or plates in place, Tonsillectomy, or Normal Pregnancy.

Medical questions

Please answer questions 1 and 2 on behalf of all applicants if you have chosen this underwriting option. Only complete questions 3 and 4 for applicants aged 55 or over.

Questions 1 & 2 for all applicants

1. In the last 5 years have you, or any person to be insured, seen your GP, Consultant or other health professional for advice about or treatment of the following conditions: Yes No
 - (a) any heart condition or stroke/transient ischaemic attack (mini stroke)?
 - (b) cancer?
 - (c) any mental health illness?
2. During the last 12 months have you or any person to be insured; Yes No
 - (a) been treated and/or received medical advice at a hospital, clinic or nursing home (whether private or NHS) for any reason, or
 - (b) undergone tests or check-ups, or been referred for consultations, tests or check-ups, where you are still awaiting a first or follow-up appointment, test results or treatment for any symptoms or condition not mentioned above?

Questions 3 & 4 - additional for all applicants aged 55 and over

3. Have you or any person to be insured ever had any joint disorder or disease (including arthritis), or suffered from regular or persistent pain in any joints? Yes No
4. Do you or any person to be insured have any medical condition or symptoms for which you are receiving treatment or taking medication (whether prescribed or over the counter); or where further check-ups are considered necessary or advisable? Yes No

G3 (continued) – Underwriting for applicants switching from another provider

Further information

If any applicant has answered YES to any of the questions on the previous page, please supply full details below.

1. Name of person to whom the condition(s) apply	
2. Condition/symptom and question(s) it relates to	
3. Details of medication/ treatment/ consultations/investigations (PLEASE INCLUDE ALL DATES)	
4. What, if any, further consultations/ treatment/ investigations are required	
5. Present state of health (eg. Full recovery or symptoms still present)	

Additional information – if you require more space, please continue on a separate sheet of paper and attach it to this form.

IMPORTANT INFORMATION

Date you would like cover to begin

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

- Please note, we cannot backdate cover and there must be no break between the date your current cover ceases and the start date of your policy with PruHealth.
- We strongly advise you **not** to cancel your existing health insurance cover until we have confirmed our terms in writing and you are happy to accept those terms.
- Any existing personal medical exclusions will continue with PruHealth. We may also place additional exclusions or in some circumstances we may be unable to offer cover. If you're switching from a moratorium clause, then we'll apply our own moratorium rules but backdated to your cover start date with your current insurer.
- All personal medical exclusions that apply to the policy will be shown on your certificate of insurance.
- As you are applying on switch terms you will need to supply a copy of your current certificate of insurance, or renewal notice, showing all persons to be covered on this basis. This must state the current underwriting terms and medical exclusions (if any) and confirm that the cover is still in force for all applicants. This must be received within 30 days of the policy start date you have requested.

Switch underwriting declaration

Please sign below to confirm your eligibility for switch underwriting.

Signature of policyholder on behalf of all applicants

X

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

H – How to pay

You can choose to pay your premium monthly or annually by Direct Debit.

How would you like to pay? Monthly Annually

Which day of the month would you prefer the Direct Debit to be taken? 1st 15th 25th

Direct Debit Instruction

Please fill in the whole form using a ball point pen and send it with the completed application to:



Prudential Health Services Limited, Stirling, FK9 4UE

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

Name(s) of Account Holder(s)

Service User Number

Reference

Instructions to your Bank or Building Society.

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

Signature(s)

Date

Bank or Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager

Bank or Building Society

Address

Postcode

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, Prudential Health Services Limited will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Prudential Health Services 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 Prudential Health Services 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 Prudential Health Services 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.

I – Important information

General notes

The policy will not start until we have accepted your application.

- If you have a birthday while your application is being processed, the terms may differ from those originally quoted. We may offer you cover at a revised premium, but we may not be able to offer cover, due to policy age limits.
- We may ask you to contact your doctor if we are experiencing delays in receiving reports which we have asked for.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

Data Protection Notice

PruHealth & PruProtect, our group of companies and our business associates, service providers and agents will use your information, together with other information, for administration, customer services, marketing and profiling your purchasing preferences and fraud prevention. We will pass your information to them for these purposes.

We will pass your information to any legal or regulatory body if required to do so.

By submitting this form you consent to us processing your sensitive personal information, such as your medical history.

For the above purposes it will be necessary to transfer your information to countries that provide a different level of data protection from the UK. We have contracts in place to ensure your information is protected.

You have a right to obtain a copy of your personal information (for which we may charge a fee) and to have any inaccuracies corrected by writing to: The Privacy Manager, Information Risk and Privacy Team, Prudential Assurance Company Ltd, 3 Sheldon Square, London, W2 6PR.

Acting On Someone's Behalf?

When giving us information about another person, you confirm that they have appointed you to act on their behalf. This includes providing consent to process the personal data, receive this data protection notice on their behalf and receive marketing information.

Marketing Choice

We would like to keep you updated with information on our and other carefully selected providers' products and services which we think might interest you by telephone, post, email or text. If you would prefer not to receive this information please tick this box.

* The Prudential group of companies at the time of printing includes Prudential UK & Europe, the M&G Investments Group, Prudential Corporation Asia, Jackson National Life and PPM America Inc (indirect wholly owned subsidiary).

J – Policy declaration

- I understand that this Application is subject to written acceptance by PruHealth.
- I understand that by signing this declaration I am applying on behalf of all applicants to be covered by this policy and am doing so with their full consent. I also agree to receive all policy-related documentation on behalf of all applicants.
- I give permission for the medical information I've provided to be disclosed to any employee in the PruHealth group for risk management and underwriting purposes. This information can also be used to maintain management information for business analysis.
- I declare that nothing material has been withheld and that the information given on this form is true. If I am in doubt about whether certain facts are material, these will be disclosed. I understand that failure to disclose a material fact, which is a fact that may influence the assessment and acceptance of this application, may result in a claim not being paid and/or the policy being declared void.
- I will advise you of any change to the information given in this application which occurs between the date of signing and the policy start date (including changes to any applicants' state of health).
- I understand that no cover will apply for investigations or treatment of any medical condition or related condition which exists or has existed before the start date of this policy unless I have provided PruHealth with details and they have agreed to accept it. I also understand that PruHealth will detail any personal medical conditions, which they have specifically excluded from cover (due to information I have provided), on their certificate of insurance. I also understand that in certain circumstances PruHealth maybe unable to offer cover.
- I agree to PruHealth accepting medical reports faxed directly to PruHealth from the doctor's surgery of any applicant to be covered by this policy. I do not object to copies of the report being faxed to any other company that I have applied to at their request.
- I have read the declaration, important notes and information relating to my rights under the Access to Medical Reports Act.
- I acknowledge that should this application be submitted via the internet, it is solely for the purposes of convenience and neither I nor PruHealth (subject to its sole and absolute discretion) shall rely on the information contained herein without my providing PruHealth with a signed hard copy of this application. I further agree that the hard copy submitted following an internet application will constitute an offer on my part for PruHealth membership.
- I have read, understood and consent to the Data Protection Declaration contained in Section I of this application form.
- I understand that a copy of the application and the policy terms and conditions are available on request.

This application and the medical information disclosed on it is valid for 30 days from the date the application is signed (date recorded below). A declaration of health may be sent out to declare any change in health should the final assessment of your application be older then 30 days from the date that the application was signed.

Signature of policyholder on behalf of all applicants

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Application checklist

Before you return this application please use this checklist to confirm that you have:

- Read or been given the Personal Healthcare brochure.
- Entered and checked all personal details for you and other applicants if applicable.
- Checked that all of the cover and benefit options on your selected quote are correct and provided your quote reference number at the start of this application form.
- Answered all relevant questions for your chosen underwriting type, attached membership certificate from previous insurer if applicable or signed the Declaration Statement for your chosen underwriting option.
- Completed your payment details.
- Signed the PruHealth Policy Declaration above on behalf of all applicants.
- Read and kept for your information 'The Direct Debit Guarantee'.

Now send this form to Prudential Health Services Limited, Stirling, FK9 4UE

FOR OFFICE USE ONLY

CONSULTANT CODE:

AGENCY CODE:

CONSULTANT NAME:

LEAD TYPE: