

Corporate Healthcare – employer application form

Fully insured corporate

A – Quote and cover details

By completing this application form, you are applying for the cover and benefits provided in your Corporate Healthcare quote. This includes the choice of hospital list, excess, benefit levels, member listings and underwriting choice. Please enter the quote reference number below and attach a copy of the relevant quote to this application form. Please complete this form in black ink using BLOCK CAPITALS.

Quotation number

Start date

B – Employer details

Name of employer

Legal entity, PLC, Partnership etc Registered number (if applicable)

Registered address*

Postcode

Switchboard number

Industry type: Financial Services Manufacturing Retail Hotel/Leisure/Entertainment

Professional Services Construction/Building IT Education

Other (Please specify)

* Please note that all communications regarding the Vitality programme will be sent to this address.

To be completed by Adviser

Your FSA number Phone number

(Registered individuals) e.g. A B C 1 2 3 4 5 Email address

Registered individual's first name and last name

Your PruHealth agency details OR Agency name and address stamp

e.g. 1 2 3 4 5 6 X

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**** **Employer Invoices**

You* Member You* Member You* Member You* Employer

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

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

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

I confirm that all material facts regarding the price of this scheme for which I am aware has been passed to PruHealth for consideration. This includes, but is not limited to, information regarding claims performance, ongoing claims or planned changes in the scheme demographics, such as a material change in the make up of the membership of the scheme. If you are not able to sign this document, you should make the same declaration by email to your Account Manager.

Signature

Date

C – Employer category details

Should you wish to split your scheme into categories, please supply information for each category below. You should use a separate category for any group which will receive a different level of benefits to the main scheme.

Category No.	Category Name	Address	Switchboard No.
1			
2			
3			
4			
5			

D – Employer contact person

You have the opportunity to nominate three types of employer contact for your organisation. The primary contact is mandatory. Contact types are as follows:

- Primary contact (PPA) – the main point of contact for the scheme to whom we will send all general correspondence and Vitality information.
- Secondary contact(s) (SPA) – no documents will be sent to this person, but they will have administrative rights.
- Executive contact(s) (EXE) – senior contacts requiring an overview of the scheme.

Access to the Employer Zone can be given at scheme or category level for the PPA/SPA/EXE contacts. They will still need to register online once contact details have been noted below. Asterisked fields are mandatory so we can provide the most up to date information on changes to the Vitality programme. We will not use email addresses to market Vitality products.

NOTE: Please do not enter Adviser details on this part of the form. Advisers who want documentation and notifications sent to them should detail this on the previous page.

Primary contact (PPA)*

Title First Name* Last Name*

Job Title Date of birth* Gender M F

Telephone/Mobile* Email address*

Contact Type SPA EXE Category number

Title First Name* Last Name*

Job Title Date of birth* Gender M F

Telephone/Mobile* Email address*

D – Employer contact person - continued

Contact Type SPA EXE Category number

Title First Name* Last Name*

Job Title Date of birth* Gender M F

Telephone/Mobile* Email address*

Contact Type SPA EXE Category number

Title First Name* Last Name*

Job Title Date of birth* Gender M F

Telephone/Mobile* Email address*

Note: If you need to add more contacts please attach a separate sheet.

E – Membership details

1. Current healthcare scheme details. Please provide details of your group's current healthcare scheme membership (if any).

Current provider	Date employer joined	Date of termination of membership
<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

2. Details of your organisation's employee base

a. Total number of staff employed by your organisation.

b. Total number of scheme members.

c. (i) Is the scheme available to all employees?

Yes No

(ii) Is this a flexible scheme?

Yes No

(iii) If yes, is PMI a core or non-core option?

Non-core Core

(iv) If it is a flexible scheme, will your membership data be administered by a third party flex administrator?

Yes No

d. If you answered No to c(i), please detail employee eligibility criteria below.

F – Underwriting options

There are a wide range of underwriting options for your employees and their dependants. For assistance in selecting the right underwriting solution for your business please contact your adviser.

TYPES OF UNDERWRITING

There are three different types of underwriting used to assess your employees medical history and their eligibility for treatment:

1. Medical History Disregarded

No medical or underwriting information is required and we will not apply exclusions to your employees. New members joining more than 30 days after they were eligible to join will need to answer two acceptance questions.

2. Moratorium

No details of employee medical history are required in the application form. We will not cover any pre-existing conditions which anyone to be covered on the plan has received treatment and/or medication for, or had symptoms of, or asked advice on, or were aware of during the five years before the plan started. However, if they do not have any treatment, medication or advice for those pre-existing conditions (and any directly related conditions) for two continuous years after the plan starts, then after that the conditions will be considered eligible for benefit.

3. Full Medical Underwriting

All the details of your employees' medical history are required in the employee application form with this option. Please note that this information may result in an exclusion being placed on their cover. We will show any exclusions that will apply to your employees, or anyone else on their plan, on their membership certificate.

Underwriting Choice

Please select how the underwriting should be applied to your employees and their dependants. Please specify if you want different underwriting types to apply to different categories of employee.

Underwriting Type	Existing Employees		New Employees	
Medical History Disregarded	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Moratorium	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Full Medical Underwriting	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Other

If you have arranged another form of underwriting with your adviser please indicate type and the employee groups to which it is applicable in the box below.

G – Specific requirements

Please use this space to detail any specific requirements of your scheme.

H – Payment details

How would you like your invoice to be broken down?

One invoice for entire scheme?

One invoice per category?

As the employer, you only need to provide the following relevant details if you are paying any portion of the premium. You can choose to pay monthly, quarterly or annually, by cheque, Direct Debit or BACS.

Paying by cheque

What is your preferred invoice date each month?

1st

11th

17th

Do you want to pay quarterly or annually?

Monthly

Quarterly

Annually

Paying by Direct Debit or BACS

Preferred payment date

1st

15th

25th

Do you want to pay monthly quarterly or annually?

Monthly

Quarterly

Annually

Do you want to pay by Direct Debit or BACS?

Direct Debit

BACS

Direct Debit instruction

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

**Prudential Health
Stirling FK9 4UE**

Name(s) of Account Holder(s)

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	
<input type="text"/>	
Postcode	
<input type="text"/>	

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

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



Originator's Identification 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

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 – Scheme declaration to be signed by employer

- As a participating employer we hereby apply for membership for our employees of the Healthcare Scheme ("the Scheme") insured by Prudential Health Services Limited (referred to as "PruHealth").
- On our employees' behalf, we accept the benefits provided for in the rules of the Scheme and we agree to be bound by such rules.
- We understand that this Application is subject to written acceptance by PruHealth. We understand that by signing this declaration we are applying on behalf of all applicants to be covered by this policy.
- We declare that nothing material has been withheld and that the information given on this form is true. We understand that failure to disclose any material fact, being a fact that may influence the assessment and acceptance of this Declaration, may result in the contract being declared void and that any claim under the contract may not be paid.
- We warrant the correctness of the statements and information contained in this application and warrant the correctness of all other documents submitted now or in the future by any officer, member or intermediary of or on behalf of the employer. This clause will constitute a condition precedent to the payment of the benefits provided for in terms of the rules of the Scheme. We acknowledge that PruHealth will be relying on such statements and information when agreeing to accept this application. PruHealth reserves the right to investigate where uncertainty exists about the validity of information provided.
- We consent to our employees and their listed dependants, subject to their consent, who participate in the contracts to which this proposal relates, being called upon to submit to such medical examinations and tests as PruHealth deems necessary, during the currency of the said contracts and of PruHealth addressing such requests directly to our employees or their dependants, with the same legal consequences as if such requests had been addressed to us.
- We acknowledge that all information pertaining to our employees is confidential and we undertake to respect confidentiality (and comply with all applicable data protection legislation) in so far as this confidentiality is determined by PruHealth in its sole discretion at all times.
- We acknowledge that should PruHealth, at its sole discretion, disclose any information (subject to data protection legislation) to us regarding our employees – including general or medical information – that this information will be kept confidential at all times.
- We acknowledge that PruHealth reserves the right to cancel membership if any amount is due and is not paid on the due date.
- We understand that PruHealth assumes no liability in respect of any employee until such time as notice of acceptance of the risk is given by PruHealth.
- We undertake to give PruHealth immediate written notice should any changes material to the assessment of this application occur before the date upon which PruHealth grants written acceptance. This will enable PruHealth to reconsider the terms of acceptance.
- In the event of termination of the Scheme for any reason, we undertake to make full payment of any outstanding sums due under the Scheme to PruHealth.
- We understand that in the event of termination of the Scheme for any reason, Vitality rewards will not be paid to employees in the subsequent policy year.
- On our employees' behalf, we accept that we will notify them about receiving 'servicing updates' from PruHealth in relation to this product. PruHealth will approach employees to obtain marketing rights separately.
- We understand that PruHealth may randomly survey members from time to time, by phone, face to face or online, to assess our service quality, product and processes.
- We agree that, if a cheque for payment is sent to us by mail, the Post Office shall become our agent and that we are liable for the consequences of late or non-receipt of payment by Prudential Health Services Limited.
- We warrant that the signatories to this declaration are fully authorised and entitled to sign this declaration on behalf of the employer and to bind the employer to the terms of the scheme.
- **NOTE:** Principal members must be employed on the commencement date of this contract. Where this is not the case, confirmation of cover will be deferred until such time as the applicants are employed. You must have resigned from your existing medical scheme (if applicable) before commencement of your PruHealth membership.

Authorised Signatory(ies)

Name

Job title

Date

D	D	M	M	Y	Y	Y	Y
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Name

Job title

Application check list

Before you return this application please ensure you have:

- Confirmed the quotation number on p1
- Ensure the application has been completed in full:
 - Employer details
 - Employer contact, who PruHealth will liaise with
 - Payment details
 - Signed PruHealth scheme declaration
 - Member pack and invoice distribution instructions (by adviser)
- Member data: Please submit a full member listing with this application. Ask your PruHealth Account Manager for a template for bulk data upload. If you have chosen full medical underwriting, please also ensure that the employee applications are completed and submitted together with this application.

