

# Private medical insurance – employer application form.

Fully insured corporate

## Notes to help you

Please use black ink and write in CAPITAL LETTERS or tick as appropriate.

All questions to be answered.

Any corrections must be initialed.

If there is insufficient space on the form please use a separate sheet.

Quotation number

## A – Employer details

Name of employer

Legal entity, PLC, Partnership etc

Registered number

Registered address

Postcode

Switchboard number

Industry type:

Financial Services	<input type="checkbox"/>	Hotel/Leisure/Entertainment	<input type="checkbox"/>	IT	<input type="checkbox"/>
Manufacturing	<input type="checkbox"/>	Professional Services	<input type="checkbox"/>	Education	<input type="checkbox"/>
Retail	<input type="checkbox"/>	Construction/Building	<input type="checkbox"/>		

Other (Please specify)

## B – Employer branch details

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

No.	Branch Name	Address	Switchboard No.
B1			
B2			
B3			
B4			
B5			

## C – 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 branch 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 note that in section N.

Contact Type PPA  SPA  EXE  Scheme/branch (S, B1, B2 etc)

Title  First Name\*  Last Name\*

Job Title  Date of birth\*  Gender M  F

Telephone/Mobile\*  Email address\*

Contact Type PPA  SPA  EXE  Scheme/branch (S, B1, B2 etc)

Title  First Name\*  Last Name\*

Job Title  Date of birth\*  Gender M  F

Telephone/Mobile\*  Email address\*

Contact Type PPA  SPA  EXE  Scheme/branch (S, B1, B2 etc)

Title  First Name\*  Last Name\*

Job Title  Date of birth\*  Gender M  F

Telephone/Mobile\*  Email address\*

Contact Type PPA  SPA  EXE  Scheme/branch (S, B1, B2 etc)

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.

## D – 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

D	D	M	M	Y	Y	Y	Y
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Date of termination of membership

D	D	M	M	Y	Y	Y	Y
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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

## E – 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 no exclusions will be applied to your employees.

#### 2. Moratorium

No details of employee medical history are required. Under the default scheme with Moratorium Underwriting, medical conditions that existed in the five years prior to application are ineligible – these medical conditions will become eligible two years after the member joins so long as the condition or treatment is eligible. This applies to all members, and if relevant their families.

#### 3. Full Medical Underwriting

All the details of employees' and, if relevant, their families' medical history are required. By choosing this option your employees will know exactly what they are covered for. It's essential that all information asked for is provided. It may be necessary for us to write to your employees' doctors for more information. If your employees or any of their dependants have a medical condition that is likely to recur or require ongoing treatment, this condition (and any related to it) may not be covered.

#### 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 options	Existing Employees	New Employees
Medical History		
Moratorium		
Full Medical Under		

#### 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.

#### Group leaver standard continuation option

You can opt for employees leaving your group scheme to be able to take an individual policy under their existing underwriting terms (most relevant if you have chosen Medical History Disregarded). This will incur an additional premium for your scheme. Members leaving due to redundancy and those over 65 years old will not be able to continue on their existing underwriting.

Do you want to increase the premium to allow your group leavers to take out their own cover on their existing underwriting terms?

Yes  No

If you choose No, your group leavers would need to go through our standard CPME, Mori or FMU underwriting process, subject to the terms of each.

## F – Excess option

If you have chosen an excess this will be detailed on your quotation. Please choose whether you would prefer your members to pay their excess once per policy year if they make a claim, or on a 12 month rolling basis from the date they make their first claim.

Once per policy year  12 month rolling basis  No excess

## G – Personal health fund

Employees may use the Personal Health Fund to pay for certain healthcare services outside your main scheme benefits. The list of options is below. Use of the Personal Health Fund is not regarded as a claim.

Please select the annual fund allocation for single members.

£0  (only select this option if you do not wish to offer this benefit to employees) £100  £200  Other  £0 to £1,000 (£50 increments)

**Note:** Family/Couple Personal Health Fund allocation will be double the single allocation.

Please select which of the following benefits employees may use the Personal Health Fund to access. A maximum of four applies.

- Health screens
- Chronic consultations
- Maternity related expenses
- Access to eligible benefits without a GP referral
- Complementary therapy (if it is not selected as a core benefit)
- Infertility investigations
- Benefits within the core product where the member has already exceeded their limit (e.g. physiotherapy)

If you choose, employees may also use the Personal Health Fund for private GP visits. This is in addition to the four benefits selected above and will impact your claims fund so please check your quote. Would you like to select this option?

- Yes, please include private GP option
- No, do not include private GP option

The private GP option can be applied to certain branches of your workforce. Please indicate below which branches are to have the GP option and which are not.

- The following are to have GP option (B1, B2 B3, etc)

- The following are NOT to have GP option (B1, B2 B3, etc)

## H – Employee assistance programme

An employee assistance programme helps your employees address any personal or work related concerns which may be affecting their productivity or general wellbeing. PruHealth is able to offer an employee assistance programme via our partner, Validium, at an additional cost.

Would you like to include this benefit? Yes  No

If **yes**, please indicate which of these 3 options you have chosen.

Option 1 offers unlimited access to the Helpline and is integrated with your healthcare scheme.

Option 2 offers the same as Option 1 plus up to six structured telephone counselling sessions.

Option 3 offers the same as Option 2 plus face to face counselling and organisational consultancy.

## I – Exclusion discretionary benefit option (DBO)

An exclusion DBO can be used by the Employer to pay for treatments to be provided to the Member, that are excluded by the terms of the policy. There are 5 options available. If you would like to include an exclusion DBO, please tick the relevant option(s) below:

- Over limits** – either where the Limits Breached DBO has been exhausted or if one does not exist
- General scheme exclusions** – e.g., chronic conditions
- Plan exclusions** – e.g., no psychiatric cover on the Essential plan
- Individual underwriting exclusions** – e.g., where a member has been underwritten and excluded for heart disease
- Out of hospital list co-payments** – e.g., at premier hospitals.

Please supply details of your primary contact who will approve or decline use of the exclusion DBO.

First name

Last name

Email address

Phone number

Please note the following:

- The exclusion DBO cannot be used to pay for tariff shortfalls, where costs fall outside PruHealth fee maxima.
- The member will be told about the exclusion DBO.
- The DBO will display on the member and employer monthly claim statement.
- There will be an administration fee for every healthcare provider invoice settled by PruHealth.
- The member will be made aware costs are being covered by their employer and there maybe P11D implications.

## J – Renewal rewards

PruHealth policies feature a reward for employees after renewal, subject to completion of their Health Review. The reward is calculated using their Vitality status and total claims amount. The standard reward is an increase to their Personal Health Fund (PHF). You can opt to reward your employees with cash instead but the PHF amount is 50% higher.

Increase Personal Health Fund

Cashback

## K – Specific requirements

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

## L – Payment details

How would you like your invoice to be broken down?

One invoice for entire scheme?

One invoice per branch?

**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 quarterly or annually by cheque or monthly or quarterly by Direct Debit or BACS.**

### Paying by cheque

The employer invoice date is the 17th of each month.

Do you want to pay quarterly or annually?

Monthly

Quarterly

Annually

We agree that, if sent 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 Ltd.

Authorised Signatory(ies)

Name(s)

Job title(s)

Date

D	D	M	M	Y	Y	Y	Y
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D	D	M	M	Y	Y	Y	Y
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### Paying monthly by Direct Debit or quarterly or monthly by BACS

We invoice on the 17th of each month and the payment will be debited on the 1st of the following month.

Do you want to pay monthly or quarterly?

Monthly

Quarterly

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 Services Limited**  
**Stirling FK9 4UE**

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



Name(s) of Account Holder(s)

Originator's Identification Number

6	4	8	3	1	6
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Reference

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Bank or Building Society Account Number

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Branch Sort Code

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Name and full postal address of your Bank or Building Society

To: The Manager	Bank or Building Society
Address	
Postcode	

### 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

Banks and Building Societies may not accept Direct Debit instructions for some types of account. Please note that this is a 12 month contract.

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.

## M – 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 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 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 FMU underwriting, please also ensure that the employee applications are completed and submitted together with this application.

## N – Only for completion by Advisers

### 1. Your FSA Number (Registered Individuals)

R.I. Number

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e.g. A B C 1 2 3 4 5

Phone number

Email address

Registered individual's first name

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Registered individual's last name

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### 2. Your Agency Details

Your PruHealth Agency Number

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e.g. 1 2 3 4 5 6 X

OR Agency name & address stamp

### 3. Distribution of member 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 clients. We will let you know when this happens. PruHealth will address all non-confidential questions to you. Please indicate where you would like us to send the following documentation:

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

	To Member	or	To Employer*	or	To You*
Member welcome packs	<input type="text"/>		<input type="text"/>		<input type="text"/>
Member renewal packs	<input type="text"/>		<input type="text"/>		<input type="text"/>
Member mid-term adjustments**	<input type="text"/>		<input type="text"/>		<input type="text"/>

\* Please note that if you have elected to have member documentation is sent to you, it is your responsibility to ensure that the member receives these in a timely way as we will not send any communications to them directly. This is also the case with packs sent to the employer PPA contact. We will not distribute packs to different branches. Please ensure the employer contact is aware of this.

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

### 4. Distribution of employer invoice

	To Employer	or	To You*
Employer invoice	<input type="text"/>		<input type="text"/>

I confirm that all material facts regarding the price of this scheme for which I am aware of 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.

Name:

Date:

D	D	M	M	Y	Y	Y	Y
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Signature:

