

Employee application form

Continued personal exclusions



Filling in this form

You must advise us of any changes in your personal circumstances, including your state of health and that of anyone included on this application form, that take place between signing this application form and the start of your cover with us. We reserve the right to alter your acceptance terms in light of any such changes.

Please complete in BLOCK CAPITALS and answer all questions to allow us to process your application without delay. Based upon the information provided, PruHealth reserves the right to decline this application. Any alterations made to this form must be initialled by you, the employee.

About you (to be completed by employee)

Company name		Plan number
Title	Full forename(s)	Surname
Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	Occupation
Address		
		Postcode
Evening telephone number and area code		

Please note: You and any dependants to be covered must live in the UK for at least 180 days in each plan year and must be registered with a UK GP. Children must be under age 25.

Your cover

Employee category*

*If you're not sure what this is, please ask the person administering this plan (the Group Secretary).

Please choose your hospital list by ticking the appropriate box:

Countrywide Countrywide London upgrade Extended London upgrade Guided Option

About your family

Please enter details of your partner and children that you wish to cover. Children can be covered up to the age of 25. If any of your family would prefer correspondence to be addressed direct to them when they make a claim, they should take out a plan in their own name.

Partner's full forename(s)	Surname	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*
Your child's full forename(s)	Surname	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*
Your child's full forename(s)	Surname	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*
Your child's full forename(s)	Surname	Gender M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	*

IF NECESSARY, PLEASE INCLUDE ADDITIONAL FAMILY MEMBERS TO BE COVERED ON A SEPARATE SHEET OF PAPER.

* **Please note:** If any of your family members are not currently insured then their cover will be subject to our normal exclusion for pre-existing medical conditions. For details of how this clause applies, please refer to our moratorium clause leaflet.

Current terms

Please provide the date you first joined your company's medical insurance plan

Have you attached a copy of your most recent membership certificate showing your original medical underwriting terms and any medical exclusions that apply?

Yes No

If you do not supply a copy of your most recent membership certificate, we will not be able to accept you on continued personal exclusion terms. Instead, you will be subject to a new moratorium and cover for pre-existing conditions or ongoing treatment will not be available. For details of how this clause applies, please refer to our moratorium clause leaflet.

Recent health

It is important that you provide full and accurate information. Leaving out facts or giving inaccurate information may mean that we are unable to meet a claim. If you are unsure as to whether or not we would want to know about a particular fact, we would advise you to disclose it.

Please note: Based upon the information provided, PruHealth reserves the right to apply additional personal medical exclusions or to decline this application. It is strongly recommended that you keep your existing cover in force until acceptance on switch terms is confirmed.

Have you or any of your insured family members had any in-patient or day-patient treatment in the last six months?

Yes No

Is any in-patient or day-patient treatment currently arranged or anticipated for you or any of your insured family members?

Yes No

Have you or any of your insured family members ever suffered from or are currently undergoing consultations or investigations for any heart, cancer or psychiatric related conditions?

Yes No

If the answer to any of these questions is 'Yes' please give full details below, including the following information:

- Name of the family member
- Details of the medical condition and treatment
- Date of treatment received or planned, or whether NHS or private
- Prescribed medication including dosage and frequency
- Frequency of check-ups

Declaration (to be signed by you, the employee)

Please read and sign the following declaration;

- I declare that, to the best of my knowledge and belief, the statements made on this application form, and any additional information supplied as part of this application, are full, true and correct. Where I have supplied medical information for anyone else included in this application, I confirm that, if appropriate, I have checked with them that the information is correct and that I have their consent to provide this information on their behalf.
- I agree to supply PruHealth with my current membership certificate so that they can confirm the underwriting terms that will apply. If I have answered 'Yes' to any of the health questions on this application, I understand that PruHealth will advise me if they need to change the medical underwriting terms for me, or any family members included on this application, from those that apply with my current insurer.

The terms and conditions of the plan will be enclosed with your membership pack and these set out the basis of your cover with us. For your own benefit and protection, you should read these carefully and, if there is anything that you do not understand you should firstly contact your Group Secretary. Please note that the benefits, terms and conditions may differ from your current plan. You should also read the information in this form carefully, particularly in relation to the data protection notice set out below. If you do not understand any point or require further clarification, please contact us.

Data protection consent

- I consent to PruHealth and its agents using the information that I supply, which may include health information that is sensitive information under the Data Protection Act 1998, for the purposes shown in the data protection summary below.
- I confirm that, for the purposes of the Data Protection Act, I have the authority of any of my family named on this application to consent on their behalf to their personal information being processed, and by signing this application I agree that PruHealth may use their personal information for the purposes described in the data protection notice. I will give the data protection notice enclosed with my membership pack to any family members included on this application who are old enough to understand it.

Your signature

Date

PruHealth, our group of companies and our business associates, service providers and agents may use the information you have provided to inform you of other services and products that may be of interest, either through telemarketing or mail, or for general market research. Please tick this box if you prefer not to be contacted about other products or services.

Data protection notice – how will we use your personal information?

Data protection notice – You will receive a copy of our full data protection notice in your membership pack, a summary of which is set out below. A copy can be obtained at any time through our website, www.welcometopruhealth.co.uk, or by phoning us. Please read this notice carefully and show it to any family members on the plan old enough to understand it, as it applies to their personal information as well. Please call us if you have any questions about how we will process your personal information.

Use of personal information – Information we receive in connection with the plan will become part of the information held by PruHealth in accordance with the Data Protection Act 1998. We will handle this information on a confidential basis and use it to administer the plan, process claims, for underwriting and pricing purposes and to maintain management information for business analysis.

Disclosure – We may disclose personal information, under the protection of a contract, to our agents or service providers to administer the plan, to those involved with your treatment or care, and to any insurance adviser or independent intermediary appointed to act on your employer's behalf (although no medical information will be provided to an adviser without your consent). You may want to ask your employer whether an insurance adviser has been appointed.

Your information may also be processed for administration purposes by service providers in a country outside the European Economic Area, which may not have the same standard of data protection as the UK. We will ensure adequate safeguards are in place to protect your confidentiality at all times.

Claims correspondence – Claims correspondence will be addressed to you, the insured employee. If a family member does not wish us to correspond with you in relation to their claim, and they are aged 18 or over, they should take out a separate plan in their own name.

Telephone calls – To continuously improve our service to members, your calls may be recorded and monitored.

Obtaining a copy of your personal information – If you wish to access your personal information, please write to the Data Protection Co-ordinator at PruHealth, PO Box 28836, Edinburgh, EH15 1WQ, and ask for a 'Data subject access form'. Please note there is a £10 charge for this service.

To be completed by the Intermediary/Appointed Representative/Adviser

Agent code Consultant's name

For office use only Main plan no. Client code