

Employee Application Form Full Medical Underwriting

Notes for intermediaries

You should use this application form when:

- a new employee is joining their employer's existing Groupama Healthcare group scheme on a full medical underwriting basis and is not transferring from another insurer; or
- a member of an existing Groupama Healthcare group scheme is adding one or more eligible dependants to their current policy on a full medical underwriting basis.

Section A – Level of cover and start date (to be completed by the intermediary or employer)

Group name:	Policy number:
Employee category number:	* Cover start date: 01 / __ / __

* Cover can only commence from the 1st of the month. Fully completed applications received between the 1st and 15th of the month will have a start date of 1st of that month whilst applications received between the 16th and 31st of the month will have a start date of the 1st of the next month. No other form of backdating will be accepted.

Section B1 – Personal details (to be completed by the employee)

To avoid delay, please ensure you fully complete Sections B and D and sign and date the Declaration and consent in Section E before you return the form to your employer. Incomplete forms will be returned.

Title:	First name:	Surname:
Date of birth:	Height:	Weight:
Occupation:		
Address:		
Postcode:		
Telephone (daytime):	Telephone (evening):	
Email address:	Mobile:	

Section B2 – Partner and dependant children (to be completed by the employee)

Please complete the table below with details of all other people to be included on your policy. If you wish to cover more than three children, please provide their details on a separate sheet of paper:

	Partner	Child 1	Child 2	Child 3
Title				
First name				
Surname				
Date of birth				
Height				
Weight				
Occupation (for applicants over 16 years of age only)				

Section B3 – Other personal details (to be completed by the employee)

Sporting activities

Please provide details of any sport that any person named on this application participates in as a professional or for which they receive remuneration as an amateur (e.g. sponsorship):

Smoking

Has any applicant smoked within the last three years? If 'yes', please give details of their **daily** consumption below:

Alcohol

Does any applicant drink alcohol on a regular basis? If 'yes' please give details of their **weekly** consumption of units of alcohol below: (NB – one unit of alcohol is equivalent to ½ pint of beer, lager or cider, one glass of wine or one measure of spirits.)

Current private medical insurance

Does any applicant have any other current private medical insurance policy? If 'yes', please provide details below and attach a copy of their current insurance certificate:

Section C – Important information (to be read by the employee before continuing)

This section contains important information that you should read before completing Section D.

Your duty of disclosure

The questions on this application form, along with any other details we ask for, relate to facts we consider 'material' or essential to underwriting and administering your insurance policy.

If you answer all questions fully and honestly, you will have satisfied your duty to disclose material facts. Failure to do so may invalidate your insurance. If, in answering these questions, you are not sure whether a fact is material, you should disclose it anyway. A copy of the completed application form can be supplied on request, but you should keep a record of all information supplied to us, including copies of any letters.

What we do with the medical information you provide

The information you provide when you answer the medical questions helps us understand your recent medical history (and that of any family members also included in your application), so it is important you consider each question carefully and answer it honestly and fully for each person to be covered.

When we receive your application, we will assess the information given and decide the basis on which we can accept you for cover. Occasionally, we may need a medical report from your doctor to help us consider your application more fully. Your rights under current legislation in respect of medical reports are set out below.

If any applicant has an existing medical condition that is likely to need future treatment, we will usually exclude that condition and any related condition from their cover. If we apply any exclusion(s) to an applicant, they will be shown as special terms on the membership certificate you receive from us when we have completed processing your application. In exceptional circumstances, we may decline cover for any applicant.

We may review an exclusion for a pre-existing condition on receipt of a current medical report from your doctor, which must be supplied at your expense. Exclusions can only be reviewed at policy renewal and we will not remove an exclusion for a long-term medical condition which is likely to need regular or periodic treatment.

Any unexpected medical conditions arising after the start of your policy will be covered immediately, subject to normal policy terms and conditions.

Medical reports

Occasionally, it may be necessary for us to write to your doctor (GP) for further information to help us assess your application. Any medical report we request will be in accordance with your rights under current legislation and we will not ask for any medical report without your consent, which is given when you sign the application form.

You do not have to give consent but without it we are unlikely to be able to proceed with your application.

You can choose whether or not you wish to see the report before it is sent to us. If you wish to see the report, we will let your doctor know and you then have 21 days to arrange with your doctor to see the report.

If you do not wish to see the report, we will still tell you if a report is needed. If you then decide to see the report before it is sent to us, you must tell your doctor and let us know. You have 21 days to see the report.

In any event, you can ask your doctor for a copy of the report for up to six months after it has been sent to us for which your doctor is entitled to charge you a reasonable fee to cover costs.

If you see the report, your doctor will need your consent before sending it to us. You can also write to your doctor asking him / her to amend any part of the report you consider to be incorrect or misleading. If you cannot agree on the content of the report, you have the right to attach a statement of your views to the report.

The doctor does not have to let you see any part of the report if, in their opinion, it may cause serious harm to your health or that of others, it would indicate the doctor's intentions towards you, or it would reveal the identity or other information about another person who has supplied information to the doctor unless that person has given their consent or is a health professional involved in your care and has provided information in that capacity.

In such cases, the doctor must notify you and you will be limited to seeing any remaining part of the report. If this affects the whole report the doctor cannot send it to us unless you give your consent.

Section D – Medical information (to be completed by the employee)

Please consider the questions in Part 1 and Part 2 as they apply to each person named in Section B of this application form and tick either 'yes' or 'no' for each question. If you answer 'yes' to any question, please provide full details in the medical information box overleaf.

We will not automatically approach your GP or any other medical practitioner for further information so you should ensure all questions are answered fully and accurately for each person.

Part 1

In respect of each condition listed below, has any person:

- Sought medical advice from their GP in the past two years?
- Sought medical advice from a Specialist or other medical practitioner in the past five years?
- Received hospital treatment, including tests and investigations, in the past five years?
- Experienced symptoms whether or not medical advice was sought?

<p>1. Neurological (brain, central nervous system) e.g. epilepsy, multiple sclerosis, repeated headaches, migraines, nerve pain, fits, stroke, fainting, paralysis</p>	Yes []	No []
<p>2. Digestive system (stomach, intestine, liver, gallbladder) e.g. recurrent indigestion, irritable bowel syndrome, bowel disturbance, haemorrhoids, rectal bleeding, colitis, hernia, ulcer, Crohn's disease, hepatitis, cirrhosis, liver failure, gallstones, pancreatitis</p>	Yes []	No []
<p>3. Musculo-skeletal (muscle, bone, joint) e.g. back or neck pain, spinal or disc problems, arthritis or other joint problems, cartilage, ligament or tendon problems, gout, osteoporosis</p>	Yes []	No []
<p>4. Urinary (bladder, kidney, prostate) e.g. infections, incontinence, retention, kidney stones, other bladder, kidney or prostate problems</p>	Yes []	No []
<p>5. Eyes, ears, nose and throat (including mouth and dental) e.g. cataracts, glaucoma, retinal or other eye disorders, tonsillitis, ear infections, loss of hearing, loss of sight, sinus, wisdom teeth, other dental disorders</p>	Yes []	No []
<p>6. Skin e.g. eczema, acne, rashes, psoriasis, moles, warts, cysts, basal cell carcinoma</p>	Yes []	No []
<p>7. Heart or cardiovascular e.g. chest pain, angina, high or low blood pressure, circulation problems, varicose veins, heart disease, angina, heart attack, DVT, stroke, any other blood or cholesterol anomalies, coronary thrombosis, rheumatic fever, heart murmur, palpitations</p>	Yes []	No []
<p>8. Glandular (metabolism, endocrine) e.g. thyroid, hormonal problems, diabetes, breast disorders (including cysts or lumps)</p>	Yes []	No []
<p>9. Respiratory and breathing e.g. asthma, bronchitis, chest infections, shortness of breath, tuberculosis, other lung or respiratory problems</p>	Yes []	No []
<p>10. Cancer e.g. any form of cancer or pre-cancerous growth</p>	Yes []	No []
<p>11. Gynaecological e.g. menstrual irregularities, ovarian cysts, fibroids, endometriosis, complications of pregnancy, infertility, menopause problems, abnormal smear</p>	Yes []	No []
<p>12. Psychiatric e.g. stress, anxiety, depression, bi-polar disorder, alcohol or substance abuse, eating disorders, ADHD</p>	Yes []	No []

Part 2

In addition to the questions in Part 1, please answer the following questions:

- | | | |
|---|----------------------------------|---------------------------------|
| 1. Has any person received medical advice, treatment or medication or experienced symptoms in the past five years for any condition not included in Part 1? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 2. Is any person aware of any medical condition for which medical advice, treatment or medication may be sought in the next six months not included in Part 1? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 3. Does any person take medication, whether or not prescribed by their GP? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |
| 4. Has any person ever tested positive for HIV / AIDS or Hepatitis B or C or been treated for other sexually transmitted diseases or are awaiting the results of such a test? | Yes [<input type="checkbox"/>] | No [<input type="checkbox"/>] |

Medical information

If you have answered 'yes' to any question in Part 1 or Part 2, please supply full details of all conditions in the space below including:

- The name of the person
- The medical condition for which treatment was received
- Consultations / treatment received so far, with dates
- Further consultations / treatment required
- Name of the person providing treatment

If treatment took place over six months ago, you can give approximate dates but please show where you have only given approximate dates. Please provide as much detail about the condition and treatment as you can, for example:

- Specify which part of the body was treated, tested or affected (e.g. left or right arm);
- state the severity of the condition and how long it lasted; and
- if a limb was broken, how was it set (e.g. Plaster of Paris, a pin or a plate)?

Please continue on a separate sheet if necessary

Now complete the Declaration and consent in Section E overleaf before returning the application form to your employer.

Section E – Declaration and consent (to be completed by all applicants over 18)

1. I am applying for membership of Groupama Healthcare and declare that all information given by me on this application form is, to the best of my knowledge and belief, true and complete.
2. I confirm that I have not withheld any circumstance or information in regard to this application that ought to be disclosed to Groupama Healthcare. I will advise Groupama Healthcare of any change in the information I have given that occurs between the date of completing this form and the date when cover begins and understand that failure to disclose relevant information may render my membership invalid.
3. I understand that Groupama Healthcare will not pay for illnesses, conditions or injuries which arose before the date my application is accepted unless such illnesses, conditions or injuries have been disclosed on this form (or subsequently disclosed) and Groupama Healthcare has agreed to include them in the cover.
4. I consent to Groupama Healthcare contacting my doctor to obtain further information should it be necessary to verify any information provided on this application form.
5. For Data Protection Act purposes:
 - I understand that Groupama Healthcare will hold and process my personal data for the purposes of administering this insurance policy and providing other related services.
 - In exceptional circumstances, this may include the transfer of personal data to countries outside the European Union and in signing this form I consent to such transfer and use.
 - I consent to Groupama Healthcare processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate and I have the specific consent of all other persons included on this application to disclose their personal data.
 - I understand that telephone calls to Groupama Healthcare may be recorded and monitored.

NB – our full Data Protection Act statement is included in our policy booklet which will be sent to you as soon as we have accepted your application.

Signature	Date (dd/mm/yyyy)	I wish to see the medical report before it is sent to Groupama Healthcare
Employee		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
Partner		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
* Child 1 (if over 18)		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
* Child 2 (if over 18)		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]
* Child 3 (if over 18)		Yes [<input type="checkbox"/>] No [<input type="checkbox"/>]

* The employee must sign on behalf of any children under 18 years of age.

Please provide the name and address of the family GP. If the GP differs for any person, please give details: