



PPP HEALTHCARE

Confidential

Group application form

Please complete this form and return to: AXA PPP healthcare, Beechcroft House, Ervington Court, Meridian Business Park, Leicester LE19 1WN.

Employer details



Group Secretary:	Position in company:	FOR OFFICE USE ONLY
Company name:		
Business address:		
	Postcode:	
Telephone no:	Fax no:	
Email address:		
Nature of business:		
		Rate code:
		Rate date:
		Start date:

Cover details

Quotation number if previously quoted by AXA PPP healthcare.	
Total number of employees to be covered at inception	Total number of employees in the company
Category of employees eg All directors/all staff etc.	
For whom will the company actually be paying the premiums? (please tick box)	
a) Employees only (employee to pay the premium for any family members covered).	<input type="checkbox"/>
b) Employees and one family member (employee to pay the premium for any family members covered).	<input type="checkbox"/>
c) The company to pay the premium for the whole group.	<input type="checkbox"/>
Do you wish to include worldwide travel cover for all policyholders and their family members?	Yes <input type="checkbox"/> No <input type="checkbox"/>

Premium details

Please tick box
Yearly cheque <input type="checkbox"/> Yearly Direct Debit <input type="checkbox"/> Quarterly cheque <input type="checkbox"/> Quarterly Direct Debit <input type="checkbox"/> Monthly Direct Debit <input type="checkbox"/>
If you are paying by Direct Debit please complete and enclose the separate mandate which accompanies this form.
If you are paying by cheque please make your cheque payable to AXA PPP healthcare.

Please complete the section overleaf and sign the declaration.

If the application is not completed fully, this may delay the processing of your policy.

Declaration



I hereby apply for membership and declare that the statements made on this application are true and correct to the best of my knowledge and belief. I agree to inform AXA PPP healthcare of any change of information on this form. I also declare that the persons covered by this application are resident in the United Kingdom. I understand that previously insured members may be transferred with continued medical exclusions, subject to the Rules and terms of this Enrolment, upon receipt of previous insurer's Certificate. New members will be subject to the two year moratorium clause, which means the applicant does not complete a medical declaration prior to joining, but membership is on the understanding that all pre-existing medical conditions experienced during the last five years are only covered after being a member for two continuous years and after being free from all treatment relating to that condition for one year. All new conditions are covered from the date of joining. I confirm that I am acting on behalf of the listed individuals/employees and I have provided all information to them as specified in the Annual Agreement contained in the Group Secretary Guide.



Data Protection Act – we place this sign where we ask for personal information.

To set up and administer this policy AXA PPP healthcare limited will hold and use information about you, your company's employees and their family members covered by the policy, supplied by you, your company's employees and their family members or medical providers. We may send it in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area. By completing this form you, your company's employees and their family members covered by this policy consent to such uses of this personal data. We may also disclose information about anyone included by the policy when there is legal requirement for us to do so or in circumstances when it would help us to prevent fraud or improper claims.

AXA PPP healthcare limited may contact policyholders with details of its other products and services. We may also share some of the details about policyholders with other AXA Group companies or other carefully selected companies based within the European Economic Area to enable them to contact policyholders with details of and, if appropriate administer, their products and services. We may contact policyholders by post, telephone, or electronically if appropriate. If they do not wish us to do this please tick the box, otherwise we will assume that, for the time being, they are happy for us to contact them .

Signed:
By Group Secretary

Date:

Please note: You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application please let us know within three months.

Section for previously insured groups only

Present insurer:

Date cover originally effected:

Date present cover expires:

Declaration

We declare that to the best of our knowledge and belief, no one to be insured on this policy has been diagnosed with or has received any form of treatment/consultation for cancer in the past 12 months and no one has any medical condition likely to result in the need for an in-patient stay in hospital.

For groups transferring to Directors Plan or a cover level one policy, we declare that to the best of our knowledge and belief that no one to be covered on the policy has been diagnosed with or is receiving any form of treatment/consultation for cancer in the past 12 months.

We understand that AXA PPP healthcare will accept any medical underwriting terms applied by our current insurer and will not impose any additional such terms on any currently insured employees or family members also transferring. We also understand that AXA PPP healthcare will, however, apply its own rules, including its general exclusions and limitations, to all future claims. We hereby undertake to provide current registration certificates.

Signed:

Dated:

Position:

For Agent/Intermediary use only

Intermediary name:

Intermediary code:



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