



PPP HEALTHCARE

Confidential

Enrolment form

Group Secretary to complete all sections in block capitals

Details of employees and family members to be covered

Employee's surname: _____ Title (Mr/Mrs/Miss/Ms): _____

Forename(s): _____ Date of birth: _____

Job title: _____ To be enrolled from: _____

Company name: _____

Group number (if joining an existing scheme): _____

Forenames of family members to be included (eldest first) (Include surname if different from above.)	Relationship to employee	Date of birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Home address _____

Postcode _____ Daytime tel. no. _____

E-mail address _____

For Office Use Only

Group No. _____

Membership No. _____

w.e.f. _____

If he/she is already an AXA PPP healthcare member, please enter their Membership number here:

Business Choice level of cover: (please tick in appropriate boxes) Gold Silver Gold 6 Silver 6

Cover level for group: Cover level 1 Cover level 2

Level of excess required: (if appropriate) £100 None

Medical underwriting terms: New member: Two year moratorium New member: Fully underwritten

Transfer from another medical insurer: Same medical underwriting terms as previous insurer (certificate enclosed)

Data Protection Act – you will see this sign where we ask you to give 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 signing 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 a 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 you 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 .

Group Secretary signature:

Date: