

Changing your Standard Life Healthcare plan

Transfer or continuation application form



Filling in this form

Please complete in BLOCK CAPITALS, and answer all questions to allow us to process your application without delay. This application form can be used for:

- Dependants reaching 21-25 who want to continue with their own policy
- Spouses or partners currently on a joint policy who would like to take out their own policy
- Policyholders who would like to transfer to a different plan
- Employees transferring from a company paid scheme to an individual plan
- Policyholders who would like to change or add an excess to their policy

About you

| | | |
|--------------------------------|-----------------|--------------------------------|
| Dr/Mr/Mrs/Miss/Ms Other | Full forenames | Surname |
| Date of birth | Occupation | |
| Address | | |
| | | Postcode |
| Daytime tel. no. and area code | Mobile tel. no. | Evening tel. no. and area code |
| Policy number (if known) | | |

About your family

Please enter details of your partner and unmarried children you wish to be covered. All must be UK residents. Unmarried children can be covered up to the age of 21, or 25 if in full-time education.

| Partner's full forenames | Surname | Occupation | Date of birth | Currently insured? |
|-----------------------------|---------|---------------------|---------------|--|
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your child's full forenames | Surname | Relationship to you | Date of birth | Currently insured? |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your child's full forenames | Surname | Relationship to you | Date of birth | Currently insured? |
| | | | | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| Your child's full forenames | Surname | Relationship to you | 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.

If you or any of your family to be covered participate in sports in order to receive a salary, sponsorship or benefit in kind please provide full details. (We do not need to be advised of involvement with a sports club on a purely recreational basis.)

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Your cover (If you are changing to a different plan, please indicate your choice below)

Plan: Primecare Gold Primecare Plus Primecare Primecare Saver Primecare SuperSaver Choices
 EspritHealth EspritHealth with 6-week wait EspritHealth Saver EspritHealth Saver with 6-week wait

Date of leaving current policy or scheme

Hospital list: Countrywide Countrywide London upgrade Extended London upgrade
 Guided Option (only available on EspritHealth without the 6-week wait and the Primecare range except for Primecare SuperSaver)

For the Primecare range or EspritHealth plans only

If you require an excess option please tick the relevant box

Excess £100 (Not available on Primecare SuperSaver)
 £250
 £500 (Only available on EspritHealth plans)

For Choices only

£1,000 (Choices only)
 £2,500 (Choices only)
 £5,000 (Choices only)

Previous insurance details (Only to be completed when transferring from a company paid plan)

Name of the employer scheme under which you were insured

Date you joined the scheme

Optional add-on benefits (An additional premium applies to these benefits)

| | You | You & your partner | You & your family | You & your children |
|-------------------|--------------------------|--------------------------|--|----------------------------------|
| Major Dental Cash | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Personal Accident | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hospital Cash* | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Critical Illness* | <input type="checkbox"/> | <input type="checkbox"/> | Level of cover £5,000 <input type="checkbox"/> | £10,000 <input type="checkbox"/> |

*Not available on EspritHealth plans

First premium calculations (Please enter details from your chosen quotation)

Starter no-claims discount

Premium due

per month/per quarter/per annum*

Your choice of payment method (Please tick method required and complete the relevant authority opposite or overleaf)Annually by Monthly by Annually by Quarterly by Annually by

Direct Debit*

Direct Debit

MasterCard/Visa*

MasterCard/Visa**

cheque*

Please complete the Direct Debit instruction overleaf

Please complete the credit card authorisation form overleaf

Please make cheques payable to **Standard Life Healthcare Limited**

*Annual premiums attract a discount of 7.5% and this has already been deducted from the annual premium.

**We regret that we are unable to accept quarterly payments on EspritHealth plans.

Declaration (For individual policyholders and company insured employees)

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. I shall read the policy documentation when I receive it and agree that the terms and conditions of the policy will bind me and any of my family included in this application. If I cancel my application within 14 days from receipt of the policy, then I shall be entitled to a refund of any money which I may have paid, provided I have not made a claim under the policy.

I understand that any medical underwriting terms previously applying to me, and any of my family insured under my policy or employer's scheme will continue to apply under this policy. This means any special terms that were issued to me, or alternatively, the moratorium clause relating to pre-existing conditions (as defined in the policy document or member's terms and conditions).

I also understand that those not previously covered under my policy or employer's scheme will be subject to a new moratorium or to new medical underwriting.

If you are transferring to a plan with a different level of benefits, please read the following statements and tick the box next to the one which applies to you to confirm that you understand it.

If you are transferring to a plan providing higher benefits the following clause will also apply:

Please tick if applicable

I understand that as I have transferred to a plan providing higher benefits than my current policy or employer's scheme, claims on any new benefits for medical conditions that existed prior to this transfer will be subject to the moratorium clause as defined within the policy document or member's terms and conditions.

If you are transferring to a plan with reduced benefits the following clause will also apply:

Please tick if applicable

I understand that the plan to which I am transferring restricts or excludes some of the benefits offered under my current policy or employer's scheme.

If you are transferring to the Choices plan, the following clause will apply:

Please tick if applicable

I understand that the plan to which I am transferring may restrict or exclude some of the benefits offered under my previous plan. I understand that Choices is a high excess plan and the selected excess is payable per person and per claim.

I understand that if I choose one or more of the optional add-on benefits I will receive additional documentation containing the relevant terms and conditions and I agree that I, and any of my family included in the application, will be bound by them.

I understand that in advance of each annual renewal date Standard Life Healthcare will advise me each year of my premium for the coming policy year, and of any changes to my policy terms and conditions, and that they will automatically renew my policy on that basis, unless I instruct them to do otherwise.

I confirm that I have read and understood the information on the Data Protection Act 1998 set out opposite. By signing this application I agree that Standard Life Healthcare and its agents may use the information I supply, which may include health information that the Act defines as "sensitive data", for the purposes shown.

I confirm that for the purposes of the Act, I have the authority of any of my family named on this policy to consent on their behalf to their personal data being processed, and by signing this application I agree that Standard Life Healthcare may use their personal data for the purposes described in the data protection notice opposite. I will give the data protection notice enclosed with my membership pack to any family members included on this application.

Your signature

Date

Note: If you want to remind yourself of what we mean by a "pre-existing condition" please refer to our 'Moratorium clause' leaflet and/or to the 'What is not covered' section in your policy document or member's terms and conditions. In the latter case, reference to the cover start date should be read as meaning the transfer date.

NOTE: A specimen copy of the policy document or member's terms and conditions is available on request. You are advised to keep a record (including copies of letters) of all information supplied to Standard Life Healthcare Limited. A copy of this application form will be supplied to you on request. Completion of this form should not be construed as acceptance of risk by Standard Life Healthcare Limited.

Data protection

Data protection notice - You will receive a copy of our full data protection notice in your membership pack. Please show it to any family members on the policy old enough to understand it as it applies to their personal data also.

Use of personal information - We will use personal information to administer the policy, 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 policy, to those involved with your treatment or care, and to any IFA or independent intermediary appointed to act on your or in the case of a company scheme your employer's behalf. If you belong to a company scheme you may want to ask your employer whether an IFA or an independent intermediary has been appointed. Your data may be processed by service providers in a country outside the European Economic Area.

Claims correspondence - Claims correspondence will be addressed to the policyholder in respect of individual policies and to the insured employee in respect of company schemes. If a family member does not wish us to correspond with the policyholder/insured employee 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.

Keeping you informed - The companies of the Standard Life group may use your personal information to inform you of other services and products that may be of interest.

If you would prefer not to receive details of other products, please either tick this box or write to the Data Protection Co-ordinator at the address below.

Obtaining a copy of your personal information - If you wish to access your personal information please write to the Data Protection Co-ordinator at Standard Life Healthcare, and ask for a "Data subject access form". Please note there is a £10 charge for this service.

Instruction to your bank or building society to pay Direct Debits

PLEASE DO NOT DETACH

Please fill in the whole form and send it to:
Standard Life Healthcare Limited, Wey House, Farnham Road,
Guildford, Surrey GU1 4XS.



1. Name and full postal address of your bank or building society branch.

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|--------------------------|
| To the manager |
| Bank or building society |
| Address |
| |
| Postcode |

2. Name(s) of account holder(s)

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3. Branch sort code (from the top right hand corner of your cheque)

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Originator's identification number

| | | | | | |
|---|---|---|---|---|---|
| 9 | 4 | 0 | 4 | 6 | 0 |
|---|---|---|---|---|---|

4. Bank or building society account number

| | | | | | | | | | |
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5. Standard Life Healthcare reference number (office use only)

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6. Instruction to your bank or building society. Please pay Standard Life Healthcare 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 Standard Life Healthcare and if so, details will be passed electronically to my bank/building society.**

Signature(s)

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Date

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Banks and building societies may not accept Direct Debit Instructions for some types of account.

This guarantee should be retained by the payer.

The Direct Debit guarantee



- This guarantee is offered by all banks and building societies that take part in the Direct Debit scheme. The efficiency and security of the scheme is monitored and protected by your own bank or building society.
- If the amounts to be paid or the payment dates change, Standard Life Healthcare will notify you 10 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Standard Life Healthcare or your bank or building society, you are guaranteed a full and immediate refund from your branch of the amount paid.
- You can cancel a Direct Debit at any time by writing to your bank or building society. Please also send a copy of your letter to us.

