

# Group Secretary Moratorium declaration



## Part 1

All employees will be accepted on cover from the plan start date without the need for medical examinations or the disclosure of medical history. They will receive the full benefits of the plan for treatment of acute medical conditions arising after they have joined\*.

If an employee has a **pre-existing medical condition**, cover for that condition will **not** be available immediately. However, once they have been free from **treatment** for 24 consecutive months after joining the plan, should that condition re-occur, it may be eligible for full benefit\*.

A **pre-existing medical condition** is one which an employee has either:

- received medical **treatment** for; or
- had symptoms of; or
- asked advice on; or
- been aware existed

in the five years before joining the plan.

**Treatment** includes specialist consultations, GP advice or treatment, diagnostic tests, checkups and medication. Routine health screenings, where no medical condition is present or suspected, are not classed as **treatment**.

\* subject to plan terms and conditions.

I confirm that I fully understand the acceptance terms and that pre-existing conditions are excluded from cover.

Group secretary signature	Date
Name	
For and on behalf of (company name)	

## Part 2 for currently insured companies

If your company is currently insured, please sign below to confirm you have chosen to be underwritten with the moratorium clause rather than continued personal exclusions.

I understand that continued personal exclusions are available for this plan. I confirm, however, that I have chosen to have our plan insured under the moratorium clause, as indicated in the declaration that I have signed in part 1.

Group secretary signature	Date
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Healthcare  
FS 34098