

# Moratorium

## Employee application form



### Filling in this form

Please complete in BLOCK CAPITALS and answer all questions to allow us to process your application without delay. Based upon the information provided, Standard Life Healthcare reserves the right to decline this application. Any alterations made to this form must be initialled by the employee.

### About you (to be completed by employee)

Company name		Plan number	
Dr/Mr/Mrs/Ms/Other	Forenames	Surname	
Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth	Occupation	
Address		Postcode	
Evening phone no.			

**Please note:** You and any dependants to be covered must live in the UK for at least 180 days in each year and must be registered with a UK GP who holds your full medical records.

### Your cover

Employee category\*

\*If you're not sure what this is, please ask the person administering this plan (the Group Secretary).

Please choose your hospital list by ticking the appropriate box:

Countrywide  Countrywide London upgrade  Extended London upgrade  Guided Option

### About your family

Please enter details of your partner and children that you wish to cover. Children can be covered up to the age of 25. If any of your family would prefer correspondence to be addressed direct to them when they make a claim, they should take out a plan in their own name.

Partner's full forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Your child's full forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Your child's full forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Your child's full forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth

**IF NECESSARY, PLEASE INCLUDE ADDITIONAL FAMILY MEMBERS TO BE COVERED ON A SEPARATE SHEET OF PAPER.**

## Declaration (to be signed by you, the employee)

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 agree that the terms and conditions of the plan issued to my employer will bind me and any of my family members included in this application, and I will read the members' terms and conditions document when I receive it.

I understand that pre-existing medical conditions are subject to the terms of the moratorium clause as defined in the members' terms and conditions, and I agree to read the explanatory leaflet on the moratorium clause when I receive my membership pack.

I confirm that I have read and understood the information on the Data Protection Act 1998, set out below. 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 application 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. I will give the data protection notice enclosed with my membership pack to any family members included on this application. I further understand that some personal data may be accessed by other parts of the Standard Life group for general administration purposes.

Your signature

Date

If you would prefer to have your medical position individually assessed by us before you join, please complete a separate questionnaire that is available on request.

## Data Protection

**Data Protection Notice** – You will receive a copy of our data protection notice in your terms and conditions. Please show it to any family members on the plan 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 plan, process claims, for underwriting and pricing purposes, and to maintain management information for business analysis. Some of the personal data we receive in connection with this application will be held centrally on Standard Life group systems. Other parts of the Standard Life group may use this data for general administration purposes.

**Disclosure** – We may disclose personal information, under the protection of a contract, to our agents or service providers to administer the plan, to those involved with your treatment or care, and to any IFA or independent intermediary appointed to act on your employer's behalf. 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 insured employee. If a family member does not wish us to correspond with the 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 would like a copy of the personal information we keep about you, 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.

## To be completed by intermediary/Appointed Representative

Agent code

Consultant's name

For office use only

Main plan no.

Client code