

SME Employee application form

Continued personal exclusions



Filling in this form

You must advise us of any changes in your personal circumstances, including your state of health and that of anyone included on this application form, that take place between signing this application form and the start of your cover with us. We reserve the right to alter your acceptance terms in light of any such changes.

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
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/> *	
Your child's forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/> *	
Your child's forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	Date of birth
Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/> *	
Your child's forenames	Surname	Sex M <input type="checkbox"/> F <input type="checkbox"/>	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.

* **Please note:** If any of your family members are not currently insured then their cover will be subject to our normal exclusion for pre-existing medical conditions. Instead you will be subject to a new moratorium and cover for pre-existing conditions or ongoing treatment will not be available. For details of how this clause applies, please refer to our moratorium clause leaflet.

Current terms

Please provide the date you first joined your company's medical insurance plan

Have you attached a copy of your most recent membership certificate showing your original medical underwriting terms and any medical exclusions that apply?

Yes No

If you do not supply a copy of your most recent membership certificate, we will not be able to accept you on continued personal exclusion terms. Instead, you will be subject to a new moratorium and cover for pre-existing conditions or ongoing treatment will not be available. For details of how this clause applies, please refer to our moratorium clause leaflet.

Recent health

Have you or any of your insured family members had any in-patient or day-patient treatment in the last 6 months?

Yes No

Is any in-patient or day-patient treatment currently arranged or anticipated for you or any of your insured family members?

Yes No

Have you or any of your insured family members ever suffered from or are you currently undergoing tests for any heart, cancer or psychiatric related conditions?

Yes No

If the answer to any of these questions is "yes" please give full details below, including the following information:

- Name of the family member
- Details of the medical condition and treatment
- Date of treatment received or planned, or whether NHS or private
- Prescribed medication including dosage and frequency
- Frequency of checkups

Full disclosure: Please make sure that you provide full and accurate information, as failure to do so may mean that we are unable to meet a claim. If you are unsure as to whether or not we would want to know about a particular fact, we would advise you to disclose it.

Please note: Based upon the information provided, Standard Life Healthcare reserves the right to apply additional personal medical exclusions or to decline this application. It is strongly recommended that you keep your existing cover in force until acceptance on switch terms is confirmed.

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. Where I have supplied medical information for anyone else included in this application, I confirm that, where appropriate, I have checked with them that the information is correct and that I have their consent to provide this information on their behalf. 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 my terms and conditions document when I receive my membership pack.

I agree to supply Standard Life Healthcare with my current membership certificate so that they can confirm the underwriting terms that will apply. If I have answered "Yes" to any of the health questions on this application, I understand that Standard Life Healthcare will advise me if they need to change the medical underwriting terms for me, or any family members included on this application, from those that apply with my current insurer. 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 in my terms and conditions within 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

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



Healthcare
FS 34098