

Personal healthcare

Application form

Changing your Standard Life Healthcare plan



Who is this form for?

This application form can be used for transfers from one Standard Life Healthcare plan to another, in the following circumstances:

- Employees transferring from a company paid scheme to a personal healthcare plan
- Dependants reaching 25 who want to continue with their own personal healthcare plan
- Spouses or partners currently on a joint plan who would like to take out their own plan

Filling in this form

Please complete this form in BLOCK CAPITALS using black ink. Please also complete the final checklist when you've finished. When you have completed your application form, please return it to us or to your adviser.

SECTION 1: ABOUT YOU AND YOUR FAMILY

About you

Existing plan number (if known)

Title	Full forename(s)	Surname	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>
Date of birth	Occupation				
Address					
Postcode					
Daytime telephone number and area code			Evening telephone number and area code		
Mobile telephone number			Email address		

What type of cover do you require? (please tick)

Single

Couple

Parent & Child

Family

About your family

Please give details of your partner and any children you wish to be covered. All must be UK residents. Children can be covered up to the age of 25. Please note that all correspondence will be sent to the main planholder. If any family members aged over 18 would prefer us to correspond direct with them, for example when making a claim, they should take out a separate plan in their own name.

Partner's full forename(s)		Surname						
Title	Occupation	Date of birth	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child's full forename(s)	Surname	Date of birth	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child's full forename(s)	Surname	Date of birth	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Child's full forename(s)	Surname	Date of birth	Gender	M <input type="checkbox"/>	F <input type="checkbox"/>	Currently insured?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

For office use only

Quote reference number:

To be completed by adviser

Adviser name:

Agent code:

About your family

If you wish to cover more than 3 children, please provide their details in the box below. There will be no additional premium as we only charge for the first child.

Do you, or anyone else to be covered on this plan, work in the following occupations:

a. Emergency services* Yes No

b. Health industry** Yes No

* *Emergency services includes anyone employed as a paramedic, or working for the coastguard, fire service or in the police force.*

** *Health industry includes those directly involved in the delivery of patient care working in residential / care homes, hospitals, GP & dental surgeries, including doctors, nurses and any other medical staff.*

Please note, we cannot provide cover for anyone working in the armed forces or working offshore in the extraction/refinery of natural/fossil fuels.

If you or anyone to be covered under this plan are engaged in amateur or professional sport (that is any sport for which a salary, sponsorship or benefit in kind is received) please provide full details below. We do not need to be advised of involvement with a sports club on a purely recreational basis.

SECTION 2: YOUR COVER

Date of leaving current plan or scheme / /

If you already have a quote document, please enter your chosen quote reference number here:

(This can be found at the top of your quote document. The information contained in this quote will form the basis of your personal healthcare plan with us.)

If you do not have a quote document, please choose your cover and plan options below.

Cover options: (please tick)

- | | |
|--|---|
| <input checked="" type="checkbox"/> Core Healthcare | <input type="checkbox"/> Psychiatric Treatment |
| <input type="checkbox"/> Out-patient Treatment – confirm level: <input type="text"/> | <input type="checkbox"/> Member Assistance Programme |
| <input type="checkbox"/> Core Enhancement | <input type="checkbox"/> Health Screening |
| <input type="checkbox"/> Home Care | <input type="checkbox"/> Private GP |
| <input type="checkbox"/> Additional Therapies – confirm level: <input type="text"/> | <input type="checkbox"/> Maternity Cover |
| <input type="checkbox"/> GP Consultation Line – tick to opt out | <input type="checkbox"/> Dental Cover – confirm level: <input type="text"/> |
| | <input type="checkbox"/> Travel Cover – confirm level: <input type="text"/> |

Plan options:

Excess level Excess to be applied: per plan year per claim (please tick)

Hospital list Countrywide Countrywide London Upgrade
 Countrywide Extended London Upgrade Guided Option (please tick)

NHS wait option *Not available with the Guided Option hospital list*

SECTION 3: DECLARATION

Please read and sign the following declaration;

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 understand that all correspondence relating to the plan will be addressed to me.
- I understand that any medical underwriting terms previously applying to me and, if applicable, any of my family, will continue to apply under this plan. This means any special terms that were issued or, alternatively, the moratorium clause relating to pre-existing conditions (as defined in the plan documentation).
- I also understand that any dependants not previously covered will be subject to a new moratorium or to new medical underwriting.
- I understand that in advance of each annual renewal date, Standard Life Healthcare will advise me of my premium for the coming plan year, and of any changes to my plan terms and conditions, and that they will automatically renew my plan on that basis, unless I instruct them to do otherwise.
- I undertake to advise you of any change in the information given in this application which occurs between the date of signing and the date cover commences under this plan.

Data protection consent

- I consent to Standard Life Healthcare and its agents using the information I supply, which may include health information that the Data Protection Act 1998 ("the Act") defines as "sensitive data", for the purposes shown in the data protection notice summary at the back of this form. (Please note that some personal information may be accessed by other parts of the Standard Life group for general administrative purposes, as further detailed in the data protection notice).
- 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 information being processed and by signing this application I agree that Standard Life Healthcare may use their personal information for the purposes described in the data protection notice.

Please read the sections towards the back of this form about acceptance of your application, your cancellation rights and how we use your personal information (data protection notice).

This application form is only valid for a period of 30 days from the date of signing.

Signed by the applicant and on behalf of any other family members named in this application.

Signature	Date	day / month / year
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We, and any member of the Standard Life group, may use the information you have provided to inform you of other services and products that may be of interest, either through telemarketing or mail, or for general market research.

Please tick this box if you prefer not to be contacted about other products or services.



Please detach this page and keep it for your records.

Important information about accepting your application

You and all other family members to be included in your plan must be resident in the UK for at least 180 days in each plan year and registered with a UK GP.

Once your application has been accepted, we will send you a membership pack which includes the terms and conditions that set out the basis of your plan with us. You and all other family members included in your plan should read these carefully and, if there is anything that you or they do not understand, should contact us to discuss this with one of our advisers.

Completion of this application form should not be taken as acceptance of risk by Standard Life Healthcare. Based on the information you disclose Standard Life Healthcare reserves the right to decline applications.

A specimen copy of the plan 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. A copy of this application will be supplied to you on request.

Cancelling your plan

Once you've received your membership pack, you will have 14 days in which to check that you are happy with your plan. If for any reason you decide not to continue with your plan within this period, you can cancel it and receive a full refund of any payments you've made, providing you've not claimed in the meantime.

After this period, you can still choose to cancel your plan at any time and we will refund any premiums paid that relate to a period after the date your cover with us ends. No benefits will be payable for any treatment costs incurred after your cancellation date even if you are in the middle of treatment at the time.

Data protection notice – how will we use your personal information?

Data protection notice – You will receive a copy of our full data protection notice in your membership pack, a summary of which is set out below. A copy can be obtained at any time through our website, www.standardlifehealthcare.co.uk, or by phoning us. Please read this notice carefully and show it to any family members on the plan old enough to understand it, as it applies to their personal information as well. Please call us if you have any questions about how we will process your personal information.

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 information we receive in connection with this plan will also be held centrally on Standard Life group systems. If you are a customer of other companies in the Standard Life group this will enable us to share changes in your personal information, such as address details, with them for administrative 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 insurance adviser appointed to act on your behalf (although no medical information will be provided to your adviser without your consent).

Your information may also be processed for administration purposes by service providers in a country outside the European Economic Area, which may not have the same standard of data protection as in the UK. We will ensure adequate safeguards are in place to protect your confidentiality at all times.

Claims correspondence – Claims correspondence will be addressed to the planholder. If a family member does not wish us to correspond with the planholder 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.

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.

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 3 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.



Final checklist

Tick each item to confirm you've completed it.

- Section 1: About you and your family
- Section 2: Your cover
- Section 3: Declaration
- Section 4: Your payment authorisation