

# Personal healthcare Application form Switch



## Who is this form for?

You should complete this application form if you would like to apply to transfer your cover to Standard Life from another private medical insurance plan. As you are applying on switch terms you will need to supply a copy of your current certificate of insurance or renewal notice showing all persons to be covered on this basis. This must state what your current medical exclusions are (if any) and confirm that your policy is still in force. This must be received within 30 days of your new plan start date. Please note that cover cannot be backdated and there must be no break in cover.

Once we've received your application, we'll review your details and decide if we can offer to switch you and everybody else on your current policy on exactly the same underwriting terms or if we need to apply any additional exclusions to your cover. **We strongly advise you not to cancel your existing insurance policy until we have confirmed our terms in writing and you are happy to accept those terms.**

Your underwriting options are explained in more detail within the 'Choose your underwriting' section of the accompanying brochure.

## Filling in this form

This application form is designed to ensure that we have all the information we need about you and your family to make switching to us as quick and straightforward as possible. Please make sure that you complete all the relevant sections before sending us your application. If information is missing or incomplete this will cause a delay in the processing of your application. We want you to be totally confident in the cover you have with us so, if you would like help in completing this form, please call us or speak to your adviser.

Please complete this form in BLOCK CAPITALS using black ink. Please also complete the final checklist on page 10 when you've finished. When you have completed your application form, please return it to us or to your adviser.

**Note: You must ensure that you provide full and accurate information in answer to the medical questionnaire. Failure to do so may mean that we cannot cover a claim, or even that your plan is cancelled. If you are unsure whether we would want to know a particular fact, we advise you to tell us about it.**

If you have any family members who are not currently insured then please indicate this by ticking the appropriate box in section 1. These members will join on the basis of our moratorium clause which excludes any conditions that they have had in the last 5 years. Please ask your adviser for full details of how the moratorium clause works. Alternatively, these members can choose to complete a separate health questionnaire if they would prefer to know what, if any, exclusions would apply to their cover.

## SECTION 1: ABOUT YOU AND YOUR FAMILY

### About you

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		

#### For office use only

Quote reference number:

#### To be completed by adviser

Adviser name:

Agent code:

## About your family

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

Single  Couple  Parent & Child  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"/>

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

What date do you want your plan to start?

If you already have a quote document, please enter your chosen quote reference number here and then go to section 3:

*(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

<i>(Please tick your cover options)</i>	<input type="checkbox"/> Example plan A	<input type="checkbox"/> Example plan B	<input type="checkbox"/> Example plan C	<input type="checkbox"/> Example plan D	<input type="checkbox"/> Pick your own cover options
Core Healthcare	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
GP Consultation Line	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Out-patient Treatment Level 1 - £500		<input checked="" type="checkbox"/>			<input type="checkbox"/>
Out-patient Treatment Level 2 - £1000					<input type="checkbox"/>
Out-patient Treatment Level 3 - Full Cover			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Core Enhancement	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Home Care					<input type="checkbox"/>
Additional Therapies Level 1 - £350		<input checked="" type="checkbox"/>			<input type="checkbox"/>
Additional Therapies Level 2 - Full Cover			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Psychiatric Treatment				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Member Assistance Programme				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Health Screening				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Private GP				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Maternity Cover					<input type="checkbox"/>
Travel Cover Level 1					<input type="checkbox"/>
Travel Cover Level 2				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental Cover Level 1				<input checked="" type="checkbox"/>	<input type="checkbox"/>
Dental Cover Level 2					<input type="checkbox"/>
Dental Cover Level 3					<input type="checkbox"/>

### Plan options

Excess level

£

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

Hospital list

Countrywide  Countrywide London upgrade

Extended London upgrade  Guided Option *(please tick)*

NHS wait option

(Not available with the Guided Option hospital list)

### SECTION 3: ABOUT YOUR CURRENT INSURER

Name of current insurer

Renewal date  /  /

Years covered under a private medical insurance policy with no gap in cover:  year(s)

The number of years insured can be with more than one insurer, but there must have been no break or gap in cover.

If you are more than halfway through your current policy year, providing you have had a full year's cover in the previous year, you may count this current year as a whole year of cover. If you are in your first year of insurance then you must be more than nine months into that year for it to count as a whole year.

In the last five years how many claims have been paid for you, or any person to be insured, under a private medical insurance policy?  claim(s)

Do not include any claim where the total cost of the treatment was under £350, unless the claim took place in the last 12 months.

### SECTION 4: RECENT HEALTH

It is important you provide full and accurate information. Leaving out facts or giving inaccurate information may mean we are unable to meet a claim in the future or even that your plan is cancelled. If you are unsure if we need to know a particular fact, please disclose it anyway. If you do not wish to disclose your answers to your adviser, you can provide them on a separate sheet of paper and attach it to this form in a sealed envelope.

These questions apply to you and every person who is applying on a switch basis.

Q1. During the last 12 months have you or any person to be insured  
– attended hospital for any reason; or  
– been referred for consultations, tests or investigations? (include any that have taken place, are still to take place or for which you are awaiting an appointment) Yes  No

Q2. Have you, or any person to be insured, ever received treatment for or been diagnosed with cancer, any heart condition (including but not limited to heart attack or angina), stroke, diabetes, varicose veins or any psychiatric or neurological related illness? Yes  No

If you or any person to be insured under this plan are aged 55 years or over, please also answer the two further questions below.

Q3. Do you or any person to be insured have any medical condition or symptoms for which  
– you are receiving treatment or taking medication (whether prescribed or over the counter); or  
– where further check-ups are considered necessary or advisable? Yes  No

Q4. Have you or any person to be insured ever suffered from regular or persistent pain in any joints or ever received treatment for, or a diagnosis of, arthritis? Yes  No

If your answers to the questions above are **NO** we will accept you and any family members included on this application on the same medical underwriting terms that apply with your current insurer. You will need to send your current certificate of insurance or renewal notice showing details of each person to be covered and any personal exclusions that apply to them. **Please go straight to section 6 to complete your application.**

If you have answered **YES** to any of the questions above, we need you to provide additional information which may mean that we need to apply additional exclusions to your cover. We will send full details on your certificate of insurance along with your plan documentation. You can then decide if these terms are acceptable to you, or if you would prefer to stay with your current insurer. **Please go to section 5 to provide further details.**

## SECTION 5: MEDICAL CONDITIONS

This section should only be completed if you have answered YES to one or more of the questions in section 4.

### Condition 1

Name of person
Which question are you referring to from the opposite page?
The condition
Previous treatment received and consultations with dates
What, if any, further treatment or consultations are required?
Present state of health (e.g. full recovery or symptoms still present)

### Condition 2

Name of person
Which question are you referring to from the opposite page?
The condition
Previous treatment received and consultations with dates
What, if any, further treatment or consultations are required?
Present state of health (e.g. full recovery or symptoms still present)

### Condition 3

Name of person
Which question are you referring to from the opposite page?
The condition
Previous treatment received and consultations with dates
What, if any, further treatment or consultations are required?
Present state of health (e.g. full recovery or symptoms still present)

If you require more space, please use the additional information box below. If you need more space please continue in the 'ADDITIONAL INFORMATION' section towards the back of this form.

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## SECTION 6: 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. Where I have supplied medical information for anyone else included in this application I confirm that, if 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 understand that all correspondence relating to the plan will be addressed to me.
- I understand that if my answers to the medical questions in section 4 are 'NO', Standard Life Healthcare will accept me, and any family members included on this application, on the same medical underwriting terms that apply with my current insurer. I agree to supply Standard Life Healthcare with my current certificate of insurance or renewal notice containing details of each person to be covered on this basis and any exclusions that currently apply to each person.
- If I have answered 'YES' to any of the medical questions in section 4, 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 agree to supply Standard Life Healthcare with my current certificate of insurance or renewal notice so that they can confirm the underwriting terms that will apply.
- 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.







## Final checklist

Tick each item to confirm you've completed it.

- Section 1: About you and your family
- Section 2: Your cover
- Section 3: About your current insurer
- Section 4: Recent health
- Section 5: Medical conditions  
Only complete this section if you've answered YES to any of the medical questions in section 4
- Section 6: Declaration
- Section 7: Your payment authorisation  
If you're paying by credit card, remember to include your contact telephone number so we can call you to take your credit card details over the phone



**Please detach this page and keep it for your records.**

### Important information about accepting your application

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

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](http://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.

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Healthcare  
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