Private medical insurance
Employee application form
Continued personal exclusions

PRUHEALTH

To be used for plans taken out prior to March 2011 and where the plan number begins with 10.

Filling in this form

To apply for PruHealth membership fully complete this form using BLOCK capitals and black ink. Please check all details on the application. If any are incorrect, put a line through them and write in the correct details. Any alterations made to this form must be initialled and dated by the employee.

Eligibility. Who is this form for?

- Applicants who currently have equivalent private medical insurance.
- You, the employee, aged 16 or over at your cover start date.
- Your spouse / partner who lives at the same address as you and is aged 16 or over at their cover start date.
- Your children, including adopted children, who are aged 24 or under at their cover start date. Please note, once included, children can only be covered up to the renewal date on or after their 25th birthday.
- All applicants must live in the UK (Great Britain and Northern Ireland, including the Channel Islands and Isle of Man) for at least 180 days in each plan year.

About you *(to be completed by employee)*

Employer name			Company plan number
Date your employment commenced			
Title	Full forenames	Surname	
Gender M ☐ F ☐	Date of birth	Occupation	
Address			
			Postcode
Evening phone no.	Work phone no.	Email address	

Requested cover start date

D	D	M	M	Y	Y	Y	Y

If you are a new employee this is likely to be the date of employment. If you are an existing employee, this is likely to be the date you became eligible to apply to join the plan. If required, a date up to 45 days in the future, from the date you have signed and dated this application form, can be requested.

Please note: If not already registered, all applicants are encouraged to register with a UK GP and dental practitioner who hold their full medical and dental records. This will help avoid delay in getting authorisation for an eligible claim from us.

Cover details

Your employer has made some cover choices for you which are based on your Employee category. Please tell us in the boxes below which Employee category you are in and also indicate which hospital list applies. If you're not sure of the details, please ask your Group Secretary.

Employee category*

Hospital List

Countrywide ☐ Premier ☐ Guided Option ☐

Phil SLH/1666/0614 PHSLHM10069

Dependants: Spouse/Partner and child details

Complete only if there are eligible dependants applying for cover and your Group Secretary has authorised their application.

Spouse / Partner's full forename(s)	Surname	Gender M ☐ F ☐	Date of birth
Currently insured? Yes ☐ No ☐ *			
Your child's full forename(s)	Surname	Gender M ☐ F ☐	Date of birth
Currently insured? Yes ☐ No ☐ *			
Your child's full forename(s)	Surname	Gender M ☐ F ☐	Date of birth
Currently insured? Yes ☐ No ☐ *			
Your child's full forename(s)	Surname	Gender M ☐ F ☐	Date of birth
Currently insured? Yes ☐ No ☐ *			

If you are applying to include more than three dependent children, please attach their details on a separate sheet of paper.

* **Please note:** If any of your dependants are not currently insured then they will be subject to our new moratorium underwriting and cover for pre-existing conditions or ongoing investigations / treatment will not be available. For details of how this clause applies, please refer to our moratorium clause leaflet.

Specific occupations

Please enter below the names of any applicants who are employed in the occupations that are listed (leave blank if this doesn't apply to any applicants):

	Name(s) of applicant(s)
Working offshore in the extraction / refinery of natural / fossil fuels	
Armed forces personnel (including territorial army)	

For details of what cover is available for these occupations please contact us.

Current terms

To apply for cover under the continued personal exclusions underwriting option, there must be no break in cover between any applicants current private medical insurance policy ceasing and cover under this plan commencing.

Have you attached a copy of your current certificate of insurance that includes; all those who are applying for cover under continued personal exclusions and their original underwriting terms, including any personal medical exclusions that apply? Yes ☐ No ☐

Please note: If any applicant does not supply a copy of their current certificate of insurance, we will be unable to consider their application for continued personal exclusion terms. Instead, they will be subject to new moratorium underwriting and cover for pre-existing conditions or ongoing investigations / treatment will not be available. For details on how this clause applies, please refer to our moratorium clause leaflet.

Health statement

This section applies to all applicants who are currently insured and are therefore applying for continued personal exclusion terms.

If you do not wish to disclose the answers to your adviser or Group Secretary, you can provide your answers on a separate sheet of paper. It should be signed and dated by you and attached to this form in a sealed envelope.

For the purposes of underwriting (assessing) your application, we usually rely on the information you provide on this form and the details on your most recent certificate of insurance. Please help us, therefore, by completing all of the health questions honestly and fully for both yourself and any other person to be covered by the plan. Failure to do so may result in a claim not being paid, your acceptance terms being changed or your cover being cancelled.

Please note: Based upon the information provided, PruHealth reserves the right to apply additional personal medical exclusions or to decline this application / an applicant(s). It is strongly recommended that you keep your existing cover in force until acceptance on continued personal exclusions terms is confirmed.

1. Have you or any applicant had any in-patient or day-patient treatment in the last six months? Yes ☐ No ☐
2. Do you or any applicant have any in-patient or day-patient treatment planned or anticipated? Yes ☐ No ☐
3. Have you or any applicant ever suffered from or are currently undergoing consultations or investigations 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 applicant
- 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 check-ups

Additional information – if you require more space, please continue on a separate sheet of paper and attach it to this form.

PruHealth plan declaration *(to be signed by you, the employee)*

By submitting this application you confirm your understanding of the following:

- That this application is subject to written acceptance by PruHealth.
- That by completing this application you are applying on behalf of all applicants to be covered on this plan and are doing so with their full consent. You also agree to receive all plan-related documentation on behalf of all applicants.
- That the information given on this application form must be full and accurate. That failure to take reasonable care in answering any questions may result in a claim not being paid, your underwriting terms being changed or your cover being cancelled.
- That you must advise us of any change to the information given in this application which occurs between the date of signing the plan declaration below and the cover start date (including changes to any applicants' state of health).
- That no cover will apply for investigations or treatment of any medical condition or related condition which exists or has existed before your cover start date unless, where requested within this application form, you have provided PruHealth with full details and they have agreed to accept it. You also understand that PruHealth will detail on your certificate of insurance any personal medical exclusion(s) that they've applied due to the information you have provided. You understand that in certain circumstances PruHealth may be unable to offer cover.
- That you consent to PruHealth using the information supplied for the purposes shown in the data protection notice below.
- That a copy of the application and plan terms and conditions are available on request.
- That you will supply PruHealth with your current certificate of insurance so that they can confirm the acceptance terms that will apply. If you've answered 'Yes' to any of the health questions on this application, you understand that PruHealth will advise you if they need to change the acceptance terms for you, or any family members included on this application, from those that apply with your current insurer.
- That any existing personal medical exclusions will continue with PruHealth. If you're switching from a moratorium clause, then we'll apply our own moratorium rules but backdated to your cover start date with your current insurer.
- That PruHealth will apply their new moratorium clause; a) if you do not supply the required current certificate(s) of insurance, b) to any applicant included on this form who is not currently insured.
- That you give permission for the medical information you've provided to be disclosed to any employee in the PruHealth group for risk management and underwriting purposes. This information can also be used to maintain management information for business analysis.

This application and the medical information disclosed on it is valid for 45 days from the date the application is signed (date recorded below). We may need you to confirm that there has been no change in health since you signed this form if the final assessment of your application form takes longer than 45 days from the date the application was signed, or in the event we require further medical information from you. In some circumstances a new application form will be required.

Signature of employee on behalf of all applicants	Date
✗	

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

Data Protection Notice – A copy of our full data protection notice is included in the terms and conditions document. Please ask if you would like to see a copy. PruHealth, PruProtect and our business associates, service providers and agents will use your information, together with other information, for administration, customer services, marketing and profiling your purchasing preferences and fraud prevention. We will pass your information to them for these purposes. We will pass your information to any legal or regulatory body if required to do so. By submitting this form you consent to us processing your sensitive personal information; such as health information.

We may disclose your personal information to other companies in the PruHealth Group, our business associates, agents or service providers for the purposes above. Your information may be used 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 appropriate safeguards are in place to protect your information.

Acting on someone's behalf? – When giving us information about another person, you confirm that they have appointed you to act on their behalf. This includes providing consent to process their personal information, receive this data protection notice on their behalf and receive marketing information.

Marketing choice – PruProtect, PruHealth group of companies and our business associates, service providers and agents would like to use your personal information to inform you of other services and products that may be of interest to you by telephone, post, email or text.

You can exercise your right to opt out of future marketing campaigns by ticking this box. ☐

PruHealth is a trading name of Prudential Health Insurance Limited and Prudential Health Services Limited. Prudential Health Insurance Limited, registration number 02123483 is the insurer that underwrites this insurance plan. Prudential Health Services Limited, registration number 05933141 acts as an agent of Prudential Health Insurance Limited and arranges and provides administration on insurance plans underwritten by Prudential Health Insurance Limited. Registered office at Laurence Pountney Hill, London EC4R 0HH. Registered in England and Wales. Prudential Health Services Limited is authorised and regulated by the Financial Conduct Authority. Prudential Health Insurance Limited is authorised by the Prudential Regulation Authority and is regulated by the Financial Conduct Authority and the Prudential Regulation Authority. *Calls may be recorded/monitored to help improve customer service. Call charges may vary.*