

We are unable to provide a policy reference number until we have received a fully completed, signed and dated company application form. Therefore, to avoid delay, please ensure this application form is fully completed as incomplete forms will be returned.

A – Accepted quotation reference (to be completed by the intermediary)

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You can find the reference number in the top left hand corner of the quotation

B – Company details (to be completed by the intermediary or group secretary)

Company name

Company address

Postcode

Company occupation

Contact name

Job title

Telephone

Fax number

Email address

Preferred method of communication (please tick)

Email

Letter

Fax

Category of employees covered (e.g. All staff, directors only etc)

Total number of employees

Number of employees to be covered

Do you wish to pay in full for

Employees only

Employees and dependants

C – Method of payment (to be completed by the intermediary or group secretary)

Please show how the premiums will be paid by ticking the relevant box. All premiums must be paid from a business account and, unless otherwise agreed by us, are due immediately whenever a change is made to the cover or membership.

Annual cheque (Cheques should be made payable to Groupama Healthcare)

Annual direct debit

Half-yearly direct debit

Quarterly direct debit

Monthly direct debit

Please complete and return the direct debit instruction (DDI)

D – Medical declaration (to be completed by the intermediary or group secretary)

Are you aware of any employee or dependant who will be covered under this group scheme who has previous, ongoing or pending claims for any of the following conditions?

Yes

No

- Conditions affecting the heart and / or circulatory system
- Cancer in any form
- Psychiatric (mental) illness
- Organ failure / transplants

If you have answered 'yes' to this question, please provide full details below:

Insured Name

Condition / treatment

Planned / ongoing / complete

E – Declaration (to be completed by the group secretary)

1. I am authorised by the company to enter into this contract on its behalf and confirm that, to the best of my knowledge and belief, all information given on this form is true and complete.
2. I have disclosed details of any employee or dependant of whom I am aware has previous, ongoing or pending claims for the major medical conditions listed in part D.
3. All members covered by this group scheme:
 - are current employees of the company;
 - meet the eligibility criteria defined in part B of this application form; and
 - are permanently resident in the United Kingdom.
4. All premiums will be paid, in full, to Groupama Healthcare by the company regardless of any internal arrangements for the recovery of premiums from employees for additional cover or cover for dependants.
5. I understand the group scheme will only be placed on risk once Groupama Healthcare has:
 - received and processed all the relevant paperwork for each employee; and
 - received and banked all premiums due or has received a completed direct debit instruction.
6. I understand that Groupama Healthcare will only accept payment of premiums from the bank account of the company and will only issue any premium refunds back to the company.

Signed	Date
Print name	Job title

Checklist (for the intermediary)

To ensure we are able to process new business accurately and quickly, please use this checklist for all new business submissions. Any omissions may result in a delay in documentation being produced. If any information is missing at the time you send us the new business submission, please tell us.

Company application form

A fully completed, signed and dated company application form is required before we are able to confirm any cover for the group scheme.

Direct debit instruction

If the company are paying their premiums by direct debit, we will require a fully completed, signed and dated direct debit instruction to be sent along with the company application form.

Current membership certificates

Members who are currently insured and transferring to Santé on a continued personal medical exclusions (CPME) or switch moratorium basis do not need to complete an application form, but must submit their current insurance certificate as evidence of cover.

- Current membership certificates are required for all members transferring to Santé on a CPME or switch moratorium basis.
- All membership certificates must relate to the current period of insurance otherwise we will need evidence to show the member is still on cover (e.g. a letter from the current insurer or a copy of the renewal invoice).
- Each membership certificate must show, as a minimum, the names and dates of birth of each insured person, the member's home address, the original cover start date and any personal medical exclusion(s) that apply. If any information is missing, it should be confirmed by the current insurer in writing.
- Switch moratorium only – the certificates must show the original moratorium start date for each insured person.

Reduced medical underwriting (RMU) application form (group schemes with maximum of 2 members only)

Members who are currently insured and transferring to Santé on an RMU basis must also complete an RMU application form and submit this along with their current membership certificate as evidence of cover.

Full medical underwriting (FMU) and new moratorium application forms (new members only)

Members who are NOT currently insured must complete either an FMU or new moratorium application form.

Membership database (medical history disregarded (MHD) and new moratorium group schemes only)

If we agree to accept a group scheme on an MHD basis, we will require a list of members' full names, addresses and dates of birth along with the same details for any insured dependants, preferably in an Excel spreadsheet. A template spreadsheet is available on request.

For uninsured group schemes where all members are to be covered on a new moratorium basis, we will accept a full membership database instead of individual application forms, but the intermediary and group secretary must ensure all members are made fully aware of the meaning and impact of new moratorium underwriting terms.

Instruction to your Bank or Building Society to pay by Direct Debit



Please complete this form and send it to:
Groupama Healthcare, The Nexus Building, Broadway,
Letchworth Garden City, Hertfordshire, SG6 3TE

Originator's identification number

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To the Manager Bank/Building Society

Reference Number

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Address

Postcode

Name(s) of Account Holder(s)

Bank/Building Society account number

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Branch Sort Code

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Instructions to the Bank/Building Society

Please pay Groupama Healthcare Direct Debits from the account detailed in this instruction subject to the safeguards assured by The Direct Debit Guarantee. I understand that this instruction may remain with Groupama Healthcare, and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

Groupama Insurance Company Limited Registered Number 995253 Registered in England
Registered Office Groupama House 24-26 Minories London EC3N 1DE
www.groupamahealthcare.co.uk
Member of the Association of British Insurers. Authorised and regulated by the Financial Services Authority.

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Please detach this portion and retain for your records.

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, Groupama Healthcare will notify you 14 working days in advance of your account being debited or as otherwise agreed.
- If an error is made by Groupama 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.

Groupama Insurance Company Limited Registered Number 995253 Registered in England
Registered Office Groupama House 24-26 Minories London EC3N 1DE
www.groupamahealthcare.co.uk
Member of the Association of British Insurers. Authorised and regulated by the Financial Services Authority.

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