

Notes for intermediaries

You should use this application form when:

- a new employee is joining their employer's existing Groupama Healthcare group scheme on a new moratorium underwriting basis and is not transferring from another insurer; or
- a member of an existing Groupama Healthcare group scheme is adding one or more eligible dependants to their current policy on a new moratorium underwriting basis.

Section A – Level of cover and start date (to be completed by the intermediary or employer)

Group name:	Policy number:
Employee category number:	* Cover start date: 01 / __ / __

* Cover can only commence from the 1st of the month. Fully completed applications received between the 1st and 15th of the month will have a start date of 1st of that month whilst applications received between the 16th and 31st of the month will have a start date of the 1st of the next month. No other form of backdating will be accepted.

Section B1 – Personal details (to be completed by the employee)

To avoid delay, please ensure you fully complete Section B and sign and date the Declaration in Section D before you return the form to your employer. Incomplete forms will be returned.

Title:	First name:	Surname:
Date of birth:	Height:	Weight:
Occupation:		
Address:		
Postcode:		
Telephone (daytime):	Telephone (evening):	
Email address:	Mobile:	

Section B2 – Partner and dependant children (to be completed by the employee)

Please complete the table below with details of all other people to be included on your policy. If you wish to cover more than three children, please provide their details on a separate sheet of paper:

	Partner	Child 1	Child 2	Child 3
Title				
First name				
Surname				
Date of birth				
Height				
Weight				
Occupation (for applicants over 16 years of age only)				

Section B3 – Other personal details (to be completed by the employee)

Sporting activities

Please provide details of any sport that any person named on this application participates in as a professional or for which they receive remuneration as an amateur (e.g. sponsorship):

Smoking

Has any applicant smoked within the last three years? If 'yes', please give details of their **daily** consumption below:

Alcohol

Does any applicant drink alcohol on a regular basis? If 'yes' please give details of their **weekly** consumption of units of alcohol below: (NB – one unit of alcohol is equivalent to ½ pint of beer, lager or cider, one glass of wine or one measure of spirits.)

Current private medical insurance

Does any applicant have any other current private medical insurance policy? If 'yes', please provide details below and attach a copy of their current insurance certificate.

Section C – Moratorium underwriting (to be read by the employee before continuing)

This section contains important information that you should read before completing the Declaration in Section D.

What is moratorium underwriting?

With moratorium underwriting, we will automatically exclude any medical condition for which you (and any dependant included in your application) have received medical advice, treatment or medication or has experienced symptoms in the five-year period prior to the start date of your policy with us. These are known as 'pre-existing conditions'.

If you do not have any further treatment or medication, receive medical advice or experience any further symptoms for those pre-existing conditions for a period of two continuous years following the start of your policy, then we will reinstate cover for those conditions and they may become eligible for benefit, subject to the terms and conditions of your policy. This two-year period is known as the 'moratorium'.

If you were to receive further medical advice, treatment or medication or experience further symptoms of that condition at any time within that two-year period, the moratorium will start again.

Therefore, please understand that your policy will never cover long-term medical conditions as they are likely to continually need regular or periodic treatment, medication or medical advice and so it is unlikely that there would ever be two clear years during which you remain free of all treatment, medication, advice and symptoms.

We strongly advise that you do not delay in seeking medical advice or treatment during the moratorium for a pre-existing condition simply to obtain cover under your policy.

Any unexpected medical conditions arising after the start of your policy will be covered immediately, subject to normal policy terms and conditions.

Full medical underwriting – an alternative option

We also offer the option of full medical underwriting. With full medical underwriting, we will ask you to complete an application form and answer a series of questions about your health and that of your family if they are to be included on your policy.

If any applicant has a pre-existing condition that is likely to need future treatment, we will usually exclude that condition and any related condition from their cover. Any exclusion applied will be shown as a specific special term on the membership certificate you will receive from us when we have completed processing your application. In exceptional circumstances, we may decline cover for any applicant.

As with moratorium underwriting, any unexpected medical conditions arising after the start of your policy will be covered immediately, subject to normal policy terms and conditions.

If you would like to apply for your policy on a full medical underwriting basis, please ask your employer for a full medical underwriting application form.

What is the advantage of moratorium underwriting?

If you choose this option you will only be asked to provide basic information about you and any members of your family you wish to cover. You will not be asked to disclose details of your medical history, but it relies on you to understand that if you have any medical conditions these will be excluded from cover.

However, once you have had two continuous years without treatment, advice, medication or symptoms, the pre-existing condition will then be covered, subject to normal policy terms and conditions.

What is the advantage of full medical underwriting?

Although this option involves more of your time when completing your application, it does mean that, when you receive your policy documentation, you will know which conditions are excluded from cover.

Now complete the Declaration in Section D overleaf before returning the application form to your employer.

Section D – Declaration (to be completed by all applicants over 18)

1. I am applying for membership of Groupama Healthcare and declare that all information given by me on this application form is, to the best of my knowledge and belief, true and complete.
2. I confirm that I have not withheld any circumstance or information in regard to this application that ought to be disclosed to Groupama Healthcare. I will advise Groupama Healthcare of any change in the information I have given that occurs between the date of completing this form and the date when cover begins and understand that failure to disclose relevant information may render my membership invalid.
3. I understand that Groupama Healthcare will not pay for any illness, injury or condition for which I have received medical advice, treatment or medication or experienced symptoms in the five years prior to the start date of the policy, including any conditions related to them.

I understand that if I do not receive any further medical advice, treatment or medication or experience any further symptoms for that condition for a period of two continuous years following the start date of the policy, cover will be reinstated for that condition and it may become eligible for benefit, subject to the terms and conditions of my policy.

4. For Data Protection Act purposes:

- I understand that Groupama Healthcare will hold and process my personal data for the purposes of administering this insurance policy and providing other related services.
- In exceptional circumstances, this may include the transfer of personal data to countries outside the European Union and in signing this form I consent to such transfer and use.
- I consent to Groupama Healthcare processing personal and sensitive data about me and other persons included on this application form. I understand that all personal data I supply must be accurate and I have the specific consent of all other persons included on this application to disclose their personal data.
- I understand that telephone calls to Groupama Healthcare may be recorded and monitored.

NB – our full Data Protection Act statement is included in our policy booklet which will be sent to you as soon as we have accepted your application.

Signature	Date (dd/mm/yyyy)
Employee	
Partner	
* Child 1 (if over 18)	
* Child 2 (if over 18)	
* Child 3 (if over 18)	

* The employee must sign on behalf of any children under 18 years of age.

A GROUPAMA
COMPANY



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