

Switching to our individual Primecare range (over 60s)

This is all about

Applying for cover

with Standard Life



Switching your private medical insurance.

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 be sure to keep your existing cover in place until we have confirmed we have accepted your application and the transfer is complete.

Who can switch?

In order to switch your cover to us, you must meet the following requirements:

- have a current private medical insurance plan that has been in force for at least nine months; and
- meet the minimum level of no-claims designated for your age (if you are unsure of your starter no-claims discount level, please contact your adviser); and
- satisfy the personal medical history underwriting criteria.

However, we are unable to accept the following occupations:

- Armed Forces (Army, Royal Navy, Air Force)
- Working offshore in the extraction/refinery of natural/fossil fuels
- Professional sports (that is any sport for which you receive a salary, sponsorship or benefit in kind)

Cover for previous conditions

Normally when you end one health plan and take out another, you lose cover for conditions you have had since your first policy started. That means your new policy could start with lots of personal exclusions and you may not be covered for the things that matter most. But with our switch terms, you could get continuous cover on the same personal underwriting terms as you have with your current insurer.

Any specific exclusions on your current policy will automatically be carried over to your policy with us. In addition, the only other previous illnesses we will not automatically cover are:

- recent or ongoing illnesses
- a few serious conditions, such as heart attack, cancer and stroke

Our application form asks you to say 'Yes' or 'No' to a few simple health questions about these conditions. If you answer 'Yes', we will ask for some more details, in case we need to apply an exclusion on your new policy with us. We will let you know exactly what we would exclude upfront, so you can decide if it is better to switch your cover to us or stay where you are.

Working out your starter no-claims discount (NCD)

With our Primecare plans we may be able to reward you with a higher than normal NCD if you have a good claims record with your current insurer. What's more, you can ignore claims that meet the following three criteria:

1. The total cost of the treatment was less than £350; or
2. It is one of the conditions or procedures listed below; and
3. In either instance that claim was for treatment that took place more than 12 months ago and a full recovery has been made.

Removal of benign lump	Adenoidectomy	Insertion of grommets
Removal of gall bladder – if due to gallstones	Minor injuries	Hernia repair
Hysterectomy – provided not related to malignancy	Appendectomy	Bunion removal
Fractures – with no pins or plates in place	Normal pregnancy	Carpal tunnel release
Removal of wisdom teeth	Trigger finger	Anal fissure repair
Tonsillectomy	Removal of cataracts	Ganglion removal
		Removal of in-growing toe nail

To work out your starter NCD, we need to know the following information:

- How long you've been insured on a policy (this may be with more than one insurer but there must be no gaps in cover);
- If you have been insured for at least a year and you are more than halfway through your current policy year, then this can count as another whole year when working out your NCD.

With this information, your adviser can then confirm your starter level of no-claims discount.

Examples of such claims include: A few sessions with a physiotherapist, a one-off visit to a consultant, simple investigations such as an x-ray, ultra sound scan or ECG (providing the results of those investigations were negative).

Primecare range

Individual switch application form



Filling in this form

For Primecare Gold and Primecare Plus, this form should only be completed if the eldest person to be covered is aged over 60 and under 75.

For Primecare, Primecare Saver and Primecare SuperSaver, this form should only be completed if the eldest person to be covered is aged over 60 and under 80.

You should complete this application form if you are transferring from another private medical insurance plan. If you wish to transfer on the same medical underwriting terms you will need to enclose a copy of your **current certificate of insurance, or renewal notice**, detailing any personal exclusions and all persons to be covered on this basis. This must be received within 30 days of the policy start date. Please note that cover cannot be backdated and there must be no break in cover. We therefore strongly advise you not to cancel your existing insurance policy until your transfer has been confirmed in writing by Standard Life Healthcare.

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 policy, that take place between signing this application form and the start date of your policy with us. We reserve the right to alter your acceptance terms in light of any such changes.

PLEASE COMPLETE IN BLOCK CAPITALS AND ANSWER ALL QUESTIONS TO ALLOW US TO PROCESS YOUR APPLICATION WITHOUT DELAY. PLEASE NOTE: BASED UPON THE INFORMATION PROVIDED, STANDARD LIFE HEALTHCARE RESERVES THE RIGHT TO DECLINE THIS APPLICATION.

Section 1

About you

Dr/Mr/Mrs/Miss/Ms Other	Full forenames	Surname
Date of birth	Occupation	
Address		
		Postcode
Daytime tel. no. and area code	Mobile tel. no.	Evening tel. no. and area code

About your family

Please enter details of your partner and any unmarried children you wish to be covered. All must be UK residents. Children can be covered up to the age of 21, or 25 if in full-time education. If any of your family would prefer confidential correspondence when they make a claim, they should take out a separate plan in their own name.

Partner's full forenames	Surname	Dr/Mr/Mrs/Miss/Ms	Occupation	Date of birth
Your child's full forenames	Surname	Relationship to you		Date of birth
Your child's full forenames	Surname	Relationship to you		Date of birth
Your child's full forenames	Surname	Relationship to you		Date of birth

IF NECESSARY, PLEASE INCLUDE ANY ADDITIONAL FAMILY MEMBERS TO BE COVERED ON A SEPARATE SHEET OF PAPER.

If you or any member of your family to be covered participate in sports in order to receive a salary, sponsorship or benefit in kind, please provide full details. (We do not need to be advised of involvement with a sports club on a purely recreational basis.)

About your current insurer

Name of current insurer	Renewal date
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Section 1 (Continued)

Your cover with us

Plan: Primecare Gold Primecare Plus Primecare Primecare Saver Primecare SuperSaver
Hospital list: Countrywide Countrywide London upgrade Extended London upgrade
Guided Option (not available on Primecare SuperSaver) Cover start date

Optional add-on benefits (An additional premium applies to these benefits)

	You	You & your partner	You & your family	You & your children
Major Dental Cash (already included in Primecare Gold and Primecare Plus)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hospital Cash	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Personal Accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Applicants must be aged 75 or under to add these benefits to their policy.

First premium calculations

Starting NCD % Optional excess: £ Premium £ pm/pq/pa*

Your choice of payment method (Please tick method required and complete the relevant authority overleaf)

Annually by <input type="checkbox"/> Direct Debit*	Monthly by <input type="checkbox"/> Direct Debit	Annually by <input type="checkbox"/> MasterCard/Visa*	Quarterly by <input type="checkbox"/> MasterCard/Visa	Annually by <input type="checkbox"/> cheque*
Please complete the Direct Debit instruction in section 5		Please complete the credit card authorisation form in section 6		Please make cheques payable to Standard Life Healthcare Limited

*Annual premium payment attracts a discount of 7.5% and this has already been deducted from the annual premium quoted.

Section 2

Recent health

Please consider the following questions as they apply to each of the people named. If you do not wish to disclose the answers to your adviser, you can provide the answers on a separate sheet of paper. Please attach it to this form in a sealed envelope.

FULL DISCLOSURE

Please make sure that you provide full and accurate information, as failure to do so may mean that we are unable to meet a claim in the future. If you are unsure as to whether or not we would want to know about a particular fact, we advise you to disclose it.

1. This question is to establish your starter NCD – please refer to the notes on the inside cover when completing this question.

a. How many years have you been covered under a private medical insurance plan with no gap in cover?

b. In the last five years how many claims have been paid for you, or any person to be insured, under a private medical insurance plan?

Questions 2, 3 and 4 are to help us establish whether we are able to continue with the same underwriting terms that apply to your current policy.

2. During the last 12 months have you or any person to be insured attended hospital as an in-patient, out-patient or day-patient, or been referred for consultations or investigations, or to an alternative therapist? Yes No

3. 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'), seeing your GP, optician or alternative therapist, attending hospital appointments or where further check-ups are considered necessary or advisable? Yes No

4. Have you or any person to be insured ever had a joint replacement including hip or knee, or ever received treatment for or diagnosis of arthritis, cancer, heart condition (including, but not limited to, heart attack and angina) or varicose veins, stroke or any psychiatric related illness? Yes No

If your answers to questions 2, 3 and 4 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. Please note 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 to section 4 to complete your application.

If you have answered 'Yes' to questions 2, 3 or 4 please provide the additional information requested in section 3 so we can assess if we need to apply any additional exclusions. We will provide full details before your new policy begins, so you can decide if our terms are acceptable to you or if you would prefer to stay with your current insurer. Please go to section 3.

Section 3 (This need only be completed if you have answered 'Yes' to questions 2, 3 or 4)

Where you have answered 'Yes' to any of questions 2, 3 or 4, please provide the following details:

(Please note: Failure to provide full details will delay your application.)

1. Name of the person

2. Which question are you referring to from the opposite page?

3. The condition

4. Was the condition covered by your current medical insurance policy? Yes No

5. Previous treatment and consultations with dates

6. Is there any further treatment or are consultations required or has a full recovery been made?

7. Present state of health

More space is available in the 'Additional information' section at the back of this form.

Medical reports consent

As well as reviewing the health questions, we sometimes need to get a medical report from a doctor who has cared for you or any family members before we can assess your application.

To avoid delay, it helps to have your permission in advance. For your reassurance, your legal rights are protected under the Access to Medical Reports Act 1988 which is explained on the back page of this application form.

Please read this before completing the doctor's details:

GP's details

Doctor's name

Address

Postcode

Tel. number and area code

Fax number

Medical report declaration

This need only be completed in respect of any person for whom you have provided medical information.

I have been informed of my statutory rights under the Access to Medical Reports Act 1988 as explained in this booklet and, in connection with my insurance application, I hereby consent to Standard Life Healthcare Limited being provided with medical information from my GP or any other doctor/specialist who at any time has attended me concerning anything which affects my physical or mental health. I agree that a copy of this consent shall have the validity of the original.

I wish to see the report before it is sent to Standard Life Healthcare Limited Please tick one box only

I do not wish to see the report before it is sent to Standard Life Healthcare Limited

To be signed by all applicants who have provided medical information.

Your signature

Date

Signature of partner

Date

Parent/guardian (for children under age 16)

Date

Signature of child (if aged 16 or over)

Date

Signature of child (if aged 16 or over)

Date

Section 4 (To be signed by the main applicant)

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 policy will be addressed to me. I shall read the policy documentation when I receive it and agree that the terms and conditions of the policy, which may be different from those of my current policy, will bind me and any family members included in this application.

I understand that if my answers to questions 2, 3 and 4 in section 2 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 questions 2, 3 or 4 in section 2, 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 if I choose one or more of the optional add-on benefits I will receive additional documentation containing the relevant terms and conditions and I agree that I, and any of my family included in this application, will be bound by them.

I understand that in advance of each annual renewal date Standard Life Healthcare will advise me each year of my premium for the coming policy year, and of any changes to my policy terms and conditions, and that they will automatically renew my policy on that basis, unless I instruct them to do otherwise.

I confirm that I have read the information on the Data Protection Act 1998 on the back page of this application form. By signing this application I agree that Standard Life Healthcare and its agents may use the information I supply, which may include health information that the Act defines as 'sensitive data', for the purposes shown.

I confirm that for the purposes of the Data Protection Act, I have the authority of any of my family named on this application to consent on their behalf to their personal data being processed, and by signing this application I agree that Standard Life Healthcare may use their personal data for the purposes described in the data protection notice. I will give the data protection notice included in my membership pack to any family member included on this application.

Your signature

Date

NOTE: A specimen copy of the policy document is available on request. You are advised to keep a record (including copies of letters) of all information supplied to Standard Life Healthcare Limited. A copy of this application form will be supplied to you on request. Completion of this form should not be construed as acceptance of risk by Standard Life Healthcare Limited.

Keeping you informed – The companies of the Standard Life group may use your personal information to inform you of other services and products that may be of interest.

If you would prefer not to receive details of other products, please either tick this box or write to the Data Protection Co-ordinator at the address on the back page.

Section 5 (To be completed by applicants wishing to pay by Direct Debit)

Instruction to your bank or building society to pay Direct Debits

Please complete sections 1 to 6 and return to:

Standard Life Healthcare, Marshall Point, 4 Richmond Gardens, Bournemouth BH1 1JD.



1. Name and full postal address of your bank or building society branch

To: The manager
Bank or building society name
Branch address
Postcode

2. Name(s) of account holder(s)

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3. Branch sort code

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Originator's identification number

9	4	0	4	6	0
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4. Bank or building society account number

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5. Standard Life Healthcare reference number (office use only)

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6. Instruction to your bank or building society. Please pay Standard Life Healthcare Limited Direct Debits from the account detailed on this instruction subject to the safeguards assured by the Direct Debit guarantee. **I understand that this instruction may remain with Standard Life Healthcare and, if so, details will be passed electronically to my bank/building society.**

Signature(s)

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Date

Banks and building societies may not accept Direct Debit instructions for some types of account.

Section 6 (To be completed by applicants wishing to pay by credit card)

Credit card authorisation

I authorise you, until further notice in writing, to charge to my MasterCard/Visa account unspecified amounts in respect of premiums until this instruction is countermanded by my giving notice to Standard Life Healthcare Limited. **I understand that I will be given one month's notice of any premium increase.**

Please insert your credit card number

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Please tick card type: MasterCard  Visa 

Expiry date

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FOR OFFICE USE ONLY:

Originator's reference																				

(Please note: Originator's reference is your policy number)

Please use BLOCK CAPITALS (the name should be as on the credit card)

Surname Dr/Mr/Mrs/Miss/Ms

Forenames

Address

Postcode

Signature(s)

--

Date

To be completed by broker/appointed representative

Agency code		Consultant code	
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Branch code		Broker/AR code	
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For office use only	Main pol. no.	
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Major Dental Cash		Hospital Cash	
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Personal Accident	
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Switching to our individual Primecare range (over 60s)

Access to Medical Reports Act 1988

Before we can assess your application, we may need to get a medical report from a doctor who has cared for you. The Access to Medical Reports Act 1988 gives you certain legal rights. These are:

- we need your agreement before we can apply for a medical report from your doctor. You can refuse, but if you do, we will not be able to assess your application or provide you with any benefit.
- you can ask to see the report before your doctor sends it to us, or for up to six months afterwards.
- if you tell your doctor that you want to see the report, this may delay the assessment of the application, and he or she can charge you a reasonable fee to cover his or her costs.
- if you think part of the report is incorrect or misleading when you see it, you can ask to have it changed. If your doctor will not agree to do this, you may attach a statement of your own.

You will not be entitled to see any part of the report which:

- the doctor believes could seriously harm your physical or mental health, or that of others;
- indicates the doctor's intentions in respect of you;
- reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in caring for you).

We will write and tell you when we have requested the report. If you've asked to see the report before your doctor sends it to us, you will have 21 days from the date of receipt of our letter to contact your doctor. Once you have seen the report, your doctor needs your agreement to send it to us. If you don't arrange to see this report within 21 days, your doctor will be free to send it to us.

Data protection

Data protection notice – You will receive a copy of our full data protection notice in your membership pack. Please show it to any family members on the policy old enough to understand it as it applies to their personal data as well.

Use of personal information – We will use personal information to administer the policy, process claims, for underwriting and pricing purposes and to maintain management information for business analysis.

Some of the personal data we receive in connection with this policy 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 data, 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 policy, to those involved with your treatment or care, and to any financial adviser or independent intermediary appointed to act on your behalf. Your data may be processed by service providers in a country outside the European Economic Area.

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

Over 60's
Individual
Switch

Pensions
Mortgages
Savings
Investments
Healthcare
Insurance

Speak soon.

For more information or if there is anything more about Standard Life Healthcare we can help you with, please contact your appointed representative or financial adviser, or go to our website:

www.standardlifehealthcare.co.uk

Products provided by subsidiaries of Standard Life plc or other specified providers.

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Healthcare
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