

Personal healthcare Application form Moratorium underwriting



Who is this form for?

This application form is for applicants wishing to apply for a personal healthcare plan on a moratorium underwriting basis. Your underwriting options are explained in more detail within the 'Choose your underwriting' section of our personal healthcare brochure.

If your quote does not include the cover or the options you require then please contact us or speak to your adviser for a new quote.

Filling in this form

We've made applying for cover as simple 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 the back page when you've finished. When you have completed your application form, please return it to us or to your adviser.

If you require further copies of this application form it can be downloaded from www.standardlifehealthcare.co.uk

SECTION 1: YOUR CHOSEN QUOTE

Please enter your chosen quote reference number here:

(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.)

SECTION 2: 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	

About your 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"/>
Child's full forename(s)	Surname	Date of birth	Gender
			M <input type="checkbox"/> F <input type="checkbox"/>
Child's full forename(s)	Surname	Date of birth	Gender
			M <input type="checkbox"/> F <input type="checkbox"/>
Child's full forename(s)	Surname	Date of birth	Gender
			M <input type="checkbox"/> F <input type="checkbox"/>

About your family (continued)

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 3: MORATORIUM CLAUSE 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.
- I understand that all correspondence relating to the plan will be addressed to me.
- I have opted not to have a full medical history assessment and understand that pre-existing medical conditions are subject to the terms of the moratorium as defined in the plan.
- 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	

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: Your chosen quote

Section 2: About you and your family

Section 3: Moratorium clause declaration

Section 4: 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 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, 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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