

Continued Personal Medical Exclusions (CPME) employee application form

Group Healthcare Deposit Account

This application is based on National Friendly continuing the underwriting terms of your current policy.

- You must submit your existing insurance certificate showing the full terms of acceptance and any specific medical exclusions applied.
- Please complete this application in full and return it to us at the address below.
- If your application is successful, we will then accept you under what is known as a Continued Personal Medical Exclusions basis, which means that any personal exclusions applied on your previous contract and any conditions likely to prompt treatment in the near future will continue to be excluded from your cover with us. These will be listed on your policy schedule.

Cover will be applied on this basis for any dependant and partner named on the plan.

Please complete this application in BLOCK CAPITALS and return it in the prepaid envelope enclosed or to: National Friendly, Freepost (SW 3073), Bristol BS8 3BR.

If you have any questions call us on

0800 195 9245

(8am-6pm weekdays, calls are recorded for quality purposes)

Or alternatively contact a financial adviser or your employer's healthcare intermediary

Group Healthcare Deposit Account CPME Employee application form

Employee details

Title	First name	Surname
Address		
Postcode		
Daytime Tel.	Email	
Date of Birth	d d m m y y y y	Male <input type="checkbox"/> Female <input type="checkbox"/>
Marital status		
Employer name		

Partner details

Title	Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>
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Children under 21 years living at the address above (if applicable)

Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Full Name	Date of Birth	d d m m y y y y	Male <input type="checkbox"/>	Female <input type="checkbox"/>

Your choice of account

Individual <input type="checkbox"/>	Couple <input type="checkbox"/>	Individual+children <input type="checkbox"/>	Couple+children <input type="checkbox"/>
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Statement of health

Please answer the following questions. They apply to you and any other applicant named on this form:

- Have you, or any other named applicant, received out-patient, day patient, or in-patient treatment in the last 3 years for cancer or heart-related conditions? Yes No
- Have you, or any other named applicant, made one single medical insurance claim in the last 2 years that has exceeded £5,000? Yes No
- Are you, or any other named applicant, currently receiving medical treatment* as a result of a visit to a consultant? (*Treatment defined as medication, consultations or consultant check-ups) Yes No
- Do you, or any other named applicant, have any planned appointments with a consultant? Yes No

If you answer 'Yes' to any of these questions, please give full details below. Please continue on extra pages if necessary, clearly stating which question your answer relates to and attach the additional pages to this form when complete.

Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.

Name	Condition/symptom		
Investigations/treatment			
Date you became aware of the condition/symptom	/ /	Date of last visit	/ /

Statement of health continued

Present state of health/details of ongoing treatment

Name

Condition/symptom

Investigations/treatment

Date you became aware of the condition/symptom / /

Date of last visit / /

Present state of health/details of ongoing treatment

Statement of health continued

Name

Condition/symptom

Investigations/treatment

Date you became aware of the condition/symptom / /

Date of last visit / /

Present state of health/details of ongoing treatment

Data protection and confidentiality

National Friendly complies with the 1998 Data Protection Act, 1988 Access to Medical Reports Act and the 1990 Access to Health Records Act. We will treat the information you provide as confidential and hold it on computer, paper or in any other appropriate form for as long as your application is being considered, the policy is in force and for an appropriate time after.

We may share this data with other relevant organisations so that we can set up and run your Group Healthcare Deposit Account, validate claims and prevent fraud and money laundering. We will not disclose it unless it is lawful to do so. For the purposes of data-protection law, National Friendly is the data controller. If you would like a copy of the personal data we hold, please write to the Compliance Department at National Friendly, 4-5 Worcester Road, Clifton, Bristol BS8 3JL. We may charge a small fee for providing this information.

Please tick this box if you do not wish to receive information from National Friendly or its subsidiary companies on products and services that may be of interest to you

Declaration

I understand that this is a Group Healthcare Plan paid for by my employer and declare that:

- I understand the need to read the 'Your policy explained' document which contains the terms and conditions of this policy.
- I understand that any family member listed on this application will also be covered under these terms.
- I agree to you using any medical and health information provided to underwrite and administer my policy.
- I am prepared to attend a medical examination paid for by National Friendly if needed.
- I understand the importance of making additional payments into my personal deposit.
- I understand that National Friendly will contact my GP and/or any medical treatment provider to process any claims I make.
- I agree that to the best of my knowledge and belief the information provided is true and complete and I will let you know of any changes to this information, in writing.
- I confirm that if this application has been completed by someone else, it was done so at my request.
- I understand that if I fail to provide any relevant information National Friendly may cancel the policy.
- I understand that my policy will begin when this application is accepted and issued by National Friendly.

Signature

Date

For extra information on this product or to request a copy in Braille, large print or audio please call us on: 0800 195 9245 (8am-6pm weekdays, calls may be recorded)



National Friendly

Registered office: 4-5 Worcester Road, Clifton, Bristol BS8 3JL

Tel: 0117 973 9003 Fax: 0117 980 9358 Email: enquiries@nationalfriendly.co.uk

National Friendly is a trading name of National Deposit Friendly Society Limited.

Incorporated and registered friendly society no. 369F.

Authorised and regulated by the Financial Services Authority. Registration no. 110008.

www.nationalfriendly.co.uk

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