

Full Medical Underwriting employee application form

Group Healthcare Deposit Account

Full medical underwriting cover is for people who want to be sure whether or not they are covered for any past or current conditions from the outset.

- You can use this form to apply for a Group Healthcare Deposit Account paid for by your employer.
- You'll need to tell us your full medical history and if we are not able to cover a pre-existing condition, either for a fixed period or indefinitely, we will list it on your personal policy schedule.

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

Full Medical Underwriting employee application form

Employee details

Title	Full Name																
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				
Have you lived abroad in the last 5 years?										Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	If yes, please provide country and purpose			
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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Health questionnaire

Have you or any other person named on this policy been aware of or had any signs, medical symptoms, consultations, investigations, medication, monitoring, advice or treatment for any of the following in the last five years? You should answer all questions honestly. **Failure to disclose relevant information may result in non payment of a claim and all cover under the policy being cancelled.**

Heart and circulatory problems

e.g. heart disease, heart attack, angina, high/low blood pressure, embolisms/thrombosis, stroke, murmur, irregular heart beat, chest pains, varicose veins, haemorrhoids (piles).

Yes No

Cancer

e.g. breast cancer, lung cancer, bowel cancer, tumours, leukaemia, melanomas, lymphomas, Hodgkin's disease.

Yes No

Respiratory problems

e.g. asthma, bronchitis, emphysema.

Yes No

Bone, joint and muscular problems

e.g. fracture, strain, joint pain, arthritis/rheumatism, backache, sciatica, disc problem, bunions, tennis elbow, frozen shoulder, cartilage problems.

Yes No

Abdominal and digestive problems

e.g. irritable bowel syndrome, Crohn's, colitis, gallstones, stomach ulcer, appendicitis, indigestion, liver problems, diarrhoea, hernia.

Yes No

Genito-urinary problems

e.g. kidney stones/infections, cystitis, urgency or frequency of urination, prostate/bladder problems, urethritis, penis/testicular problems, prolapse.

Yes No

Eye disorders

e.g. cataract, glaucoma, reducing vision, detached retina.

Yes No

Gynaecological and breast problems

e.g. heavy or irregular periods, fibroids, ovarian cysts, abnormal smears, endometriosis, menopausal symptoms, breast lumps/cysts.

Yes No

Ear, nose and throat problems

e.g. glue ear infections, hearing difficulties, throat/tonsil infections, adenoid problems, blocked nose, snoring, sinusitis, allergies.

Yes No

Neurological and mental disorders

e.g. epilepsy, Parkinson's disease, headaches, migraine, paralysis, multiple sclerosis, depression, anxiety, stress, phobias, myalgic encephalomyelitis (ME).

Yes No

Endocrine and blood disorders

e.g. diabetes, thyroid problems, overweight/obesity, anaemia, raised cholesterol, factor deficiencies.

Yes No

Dermatological conditions

e.g. eczema, dermatitis, skin cysts or lumps, psoriasis, unusual moles, hair disorders, toe or finger nail disorders.

Yes No

Any other medical conditions or injuries

e.g. congenital growth or development, wisdom teeth, sleep disturbance, pregnancy or childbirth complications.

Yes No

If the answer is 'Yes' to any of these questions, please give full details below. Please note that examples are not a complete list – you should tell us about all medical conditions or symptoms even if they are not listed above.

Consent to obtain a medical report

We may need to request medical reports to process your application. Before we can ask any doctor you have consulted to fill in a report, we need your permission under the Access to Medical Reports Act 1988.

Your rights under the Act:

- You do not need to give permission, but if you don't we may not be able to process your application. This doesn't stop you from applying to other companies for insurance.
- You can ask to see the report before the doctor gives it to us. If you do this we will tell the doctor to keep the report for 21 days so you can arrange to see it. If you haven't arranged to see the report within this time, your doctor will send the report to us.
- If you choose not to see the report at this stage, you can ask the doctor for a copy within six months of it being sent to us. If you ask to see it after this date we can send a copy of the report to your doctor.
- If you think that anything in the report is not correct or is misleading, you can ask the doctor to change it. If your doctor refuses, you can ask him or her to write a statement explaining your views to go with the report.
- Your doctor can refuse to let you see the report if he or she feels that this would cause physical or mental harm to you or others.

Consent to obtain a medical report - continued

The medical report will ask your doctor about:

- Your current health.
- Any care, medication or treatment you are receiving.
- The results of referrals or tests you are waiting for.
- Any time off work in the last three years.
- Your past health.
- Any relevant illness, trauma or referrals for specialist advice or treatment, hospital admissions, consultations with your GP or any other medical adviser, therapist or counsellor.

We will ask your doctor not to give us any information about:

- Negative tests for HIV, hepatitis B or C.
- Any sexually transmitted diseases, unless there could be long term effects on your health.
- Genetic test results that predict certain medical conditions, unless it shows you have not inherited a condition your family suffers from.

The information you and your doctor provide about your health may result in us:

- Not insuring you for certain medical conditions.
- Refusing to insure you.

I give National Friendly permission to request medical information from any doctor I have consulted about anything which affects my physical or mental health. I agree that a copy of this original consent will also be valid.

I do not wish to see the report before it is sent to National Friendly – please underwrite my application immediately.

I wish to see the report before it is sent to National Friendly. I understand that this may delay my application by up to 21 days.

GP contact details

<input type="text" value="Doctor's name"/>	<input type="text" value="Surgery"/>
<input type="text" value="Address"/>	
<input type="text" value="Postcode"/>	
<input type="text" value="Tel."/>	<input type="text" value="Fax."/>

Has any person named on this form seen, or are you likely to see a GP (doctor) privately? Yes No

If 'Yes', please give their details

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 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

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Health questionnaire - continued

If the answer is 'Yes' to any of the questions on the previous page, please give full details below.

Please note that examples are not a complete list – you should tell us about all medical conditions or symptoms even if they are not listed above.

Name	Height	Weight
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Date you became aware of the condition/symptom	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of last visit for treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Present state of health/details of ongoing treatment

Name	Height	Weight
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Date you became aware of the condition/symptom	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Date of last visit for treatment	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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Present state of health/details of ongoing treatment

Please enclose extra pages if you need more room to write. Number of extra pages

**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)

Email enquiries@nationalfriendly.co.uk

Or alternatively contact your healthcare intermediary



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.

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

www.nationalfriendly.co.uk

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