

# Moratorium application form

## Healthcare Deposit Account

**Moratorium cover is the easiest way of applying for private medical insurance for the first time, especially for people who are generally well and have no pre-existing conditions.**

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- You can use this form to apply for a Healthcare Deposit Account if you're between 18-70.
- There is room for 2 adults to apply, but each adult will have their own individual plan.
- You can include up to 5 of your children on this form. You have the choice to cover them all on one policy, or on individual policies.
- You don't need to give any details of your medical history but we automatically exclude any pre-existing conditions for which you have received treatment and/or medication, or asked advice on, or had signs or symptoms of (whether or not diagnosed) during the five years immediately before your cover started.
- If you have no further signs or symptoms, treatment or medication during the first two-year period, your cover will then include the pre-existing condition. If you do have any of these, then the two-year symptom-free period will start again from the date of your last consultation or treatment.
- Alternatively, to be sure whether or not we can cover any past or current conditions, please apply using the Full Medical Underwriting application form. For more information please speak to your healthcare intermediary.

**Please complete this application form in BLOCK CAPITALS and either return it in the freepost envelope provided or send to: National Friendly, Freepost (SW 3073), Bristol BS8 3BR.**

**If you have any questions or require an alternative or additional application form call us on:**

**☎ Call 0800 195 9245 (8am-6pm weekdays, calls are recorded for quality purposes)**

# Healthcare Deposit Account

## Moratorium application form

### 1 1st adult applicant

Title	Full name
Address	
Postcode	
Daytime tel.	Email
Date of birth	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Choice of cover

Monthly premium £

When completing this section, you may find it helpful to refer to the premium table on the back page.

Payments will be taken on the 1<sup>st</sup> of each month and you will be covered as soon as we have processed your application.

Alternatively, please provide your preferred cover date.

#### Top-up cover

Our compulsory top-up gives you immediate cover from day one. This allows you to make a claim early on, when your balance is too low to cover your share of each claim.

Please choose which level you'd like: £10 a month  £15 a month  £20 a month

#### Additional monthly deposits

To boost your personal deposit account balance, you can set up an extra monthly direct debit or make a lump sum payment at any time. To set up an extra direct debit from the moment your policy starts, please enter the amount you'd like to add each month. £

### 2 Instruction to your bank or building society to pay by direct debit



#### Name and full postal address of your bank or building society

To: The manager	Bank/building society
Address	
Postcode	

Please provide your details if you are not the Healthcare Deposit Account holder.

Relationship to applicant

Date of birth

Address

Postcode

#### Full name(s) of account holder(s)

Please pay National Friendly direct debits from the account detailed in this instruction subject to the safeguards assured by the direct debit guarantee.

I understand that this instruction may remain with National Friendly and, if so, details will be passed electronically to my bank or building society.

#### Bank/building society account number

#### Branch sort code

 -  - 

#### Account holder's signature

Date

#### Originator's identification number

#### Account holder's signature\*

Date

\*This only needs to be completed if your account requires two signatures

### 3 2nd adult applicant (if applicable)

Title	Full name
Address (if different to 1st applicant)	
Postcode	
Daytime tel.	Email
Date of birth	Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/>

#### Choice of cover

Monthly premium £

When completing this section, you may find it helpful to refer to the premium table on the back page.

Payments will be taken on the 1<sup>st</sup> of each month and you will be covered as soon as we have processed your application.

Alternatively, please provide your preferred cover date. DDMMYY

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#### Name and full postal address of your bank or building society

To: The manager	Bank/building society
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Please provide your details if you are not the Healthcare Deposit Account holder.

Relationship to applicant

Date of birth DDMMYY

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Postcode

#### Full name(s) of account holder(s)

Full name(s) of account holder(s)
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#### Bank/building society account number

Bank/building society account number
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#### Branch sort code

Branch sort code
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#### Account holder's signature

Account holder's signature
----------------------------

Date

Date
------

#### Originator's identification number

Originator's identification number
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#### Account holder's signature\*

Account holder's signature*
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Date

Date
------

\*This only needs to be completed if your account requires two signatures

5 Children under 18 years living with adult applicant (if applicable)	Adult account holder
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First name(s)

Surname

Date of birth

Male  Female

Please indicate the adult applicant acting as the account holder

<b>1st</b>	<b>2nd</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

First name(s)

Surname

Date of birth

Male  Female

Please indicate the adult applicant acting as the account holder

<b>1st</b>	<b>2nd</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

First name(s)

Surname

Date of birth

Male  Female

Please indicate the adult applicant acting as the account holder

<b>1st</b>	<b>2nd</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

First name(s)

Surname

Date of birth

Male  Female

Please indicate the adult applicant acting as the account holder

<b>1st</b>	<b>2nd</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

First name(s)

Surname

Date of birth

Male  Female

Please indicate the adult applicant acting as the account holder

<b>1st</b>	<b>2nd</b>
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

**I wish to cover each of my children on:**

separate plans       one plan      at the following fixed monthly premium **£**

**Top-up cover**      **£10** a month       **£15** a month       **£20** a month       **Additional monthly deposits** **£**

6 Data protection and confidentiality
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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 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.

## 7 Declaration

As the Account holder I would like to apply for a National Friendly Healthcare Deposit Account and declare that:

- I have read 'Your policy explained' document and agree to the terms & conditions.
- Anyone covered on this policy(ies) is a UK resident.
- I will be the owner of the Healthcare Deposit Account(s) and responsible for the actions of anyone on the policy(ies).
- I understand the rules on pre-existing conditions.
- I understand the importance of making additional payments into my personal deposit account.
- 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(ies).
- I understand that my policy(ies) will begin when this application is accepted and issued by National Friendly.

Signature of 1st applicant

X

Date

DD / MM / YY

Signature of 2nd applicant

X

Date

DD / MM / YY

## BROKER USE ONLY

Company

FSA Reference # (FRN)

Individual Reference # (IRN)

Advised Sale

YES



NO



## Your monthly premium

You may find it helpful to refer to this table when completing your application.

Your premium							Your cover			
5 year fixed monthly premium based on your joining age						10 year top-up premium	Annual cover	10 year top-up cover	NHS payments	
Age	0-17	18-29	30-49	50-60	61-64	65-70				
£10	✓	X	X	X	X	X	Either £10, £15 or £20 each month	£5,000	Either £30,000, £45,000 or £60,000	£50 for a child, £150 for an adult. Maximum 10 cash back payments.
£20	✓	X	X	X	X	X		£10,000		
£30	✓	✓	X	X	X	X		£15,000		
£40	✓	✓	✓	X	X	X		£20,000		
£50	✓	✓	✓	✓	X	X		£25,000		
£60	✓	✓	✓	✓	✓	X		£30,000		
£70	✓	✓	✓	✓	✓	✓		£35,000		
£80	✓	✓	✓	✓	✓	✓		£40,000		
£90	✓	✓	✓	✓	✓	✓		£45,000		
£100	✓	✓	✓	✓	✓	✓		£50,000		
£120	✓	✓	✓	✓	✓	✓		£60,000		
£140	✓	✓	✓	✓	✓	✓		£70,000		
£150	✓	✓	✓	✓	✓	✓		£75,000		
£200	✓	✓	✓	✓	✓	✓		£100,000		

Premiums are also available at £10 increments from £100 to £200. Listed premiums inclusive of Insurance Premium Tax at 5%.

**For extra information on this product or to request a copy in Braille, large print or audio please call us on:**

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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 the 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](http://www.nationalfriendly.co.uk)

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