

# Company application form

## Group Healthcare Deposit Account

Available to groups with a minimum of 3 members

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By signing the declaration on this form, you are demonstrating your wish to purchase Private Medical Insurance for your employee(s) (plus dependants where applicable) under a Group Healthcare Deposit Account from National Friendly.

There are descriptions on all four types of underwriting in the Terms and Conditions and you should also have a copy of the ABI guide on this.

**You can take out the plan in four ways.**

1. By signing a Group Moratorium covering a list of employees (plus any dependants) you supply us with.
2. By signing a Group Continued Personal Medical Exclusions application covering a list of employees (plus any dependants) you supply us with. NB Only available to groups of 5 - 50 employees.
3. By choosing to let your employees sign a Continued Personal Medical Exclusions application.
4. By choosing to let your employees sign a Full Medical Underwriting application.

You will need to indicate in one of the four boxes below which form of underwriting you require.

**I wish to apply using:**

- Group Moratorium**
- Group CPME**
- Individual CPME**
- FMU**

**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 your healthcare intermediary

# Your underwriting options

## Group Moratorium

- If you choose to apply for this scheme using the moratorium option, you only need to complete the details on this form.
- You should understand that any pre-existing conditions suffered by your employees (and any covered dependants) will be dealt with in accordance with the details below.
- You don't need to provide any details of their medical history but should understand that if they have had signs of, or experienced any symptoms of a complaint in the past five years, then the condition they relate to will not be covered for at least the first two years of their policy.
- If they have no further symptoms during the first two-year period, their cover will then include the pre-existing condition. If they do have further symptoms, then the two-year symptom-free period will start again from the date of their last consultation or treatment.
- Alternatively, to be sure whether or not we can cover a past or pre-existing condition, you, or your employees individually, can sign a Continued Personal Medical Exclusions application (if they are switching from another insurer), or your employees can individually sign a Full Medical Underwriting application (if no previous insurance exists).
- You will need to supply details of all employees and/or dependants to be covered on the plan, including full name, title, address, date of birth and status (employee or dependant).

## Group CPME

- If you choose to apply for this scheme using the Group CPME option, you will only need to complete the details on this form. The Company Secretary will sign the disclosure and declaration on behalf of all employees, detailing any recent health problems.
- This option may only be taken if your company has private medical insurance cover with another insurer.
- Any medical conditions excluded (not covered) under your previous plan, will continue to be excluded under our plan. Likewise, if any serious condition is ongoing and requires further treatment, we may delay or refuse cover for this condition.
- Only groups of between 5 and 50 employees may select this option.
- You will need to supply details of all employees and/or dependants to be covered on the plan, including full name, title, address, date of birth and status (employee or dependant).

## CPME

- This option may only be taken if your company has private medical insurance cover with another insurer.
- Any medical conditions excluded (not covered) under your previous plan, will continue to be excluded under our plan. Likewise, if any serious condition is ongoing and requires further treatment, we may delay or refuse cover for this condition.
- Each employee will complete an individual CPME application, answering 4 simple questions about recent health conditions.

## FMU

- Each employee will complete an application form including a Medical History Declaration in which they will be asked a number of questions about their health.
- We will review each employee's details and decide the basis on which we can accept them. If necessary we will ask the employee's doctor for any further information we need to help us do this.
- If the employee has a pre-existing condition that may need treatment in the future, we will usually exclude it from the cover along with any conditions related to it.
- Exclusions may be reviewed in the future, in some cases, should the employee wish us to do so.

## Company details

Company name

Type of business

Business address

Postcode

Daytime Tel.

Email

## Registered address (if different from business address)

Registered address

Postcode

Daytime Tel.

Email

## Main contact details

Name

Position

Direct line

Fax No.

Email

Intermediary name

## Top-up cover

For added cover in the first ten years, whilst your employee's deposit account is still growing, you will pay an additional top-up premium of £10, £15 or £20 a month. This will give each employee an extra £30,000, £45,000 or £60,000 respectively of medical cover to call on if the employee doesn't have enough money in their deposit account to meet their own share of a claim. This allowance will be shared by any dependant on the plan.

The top-up premium is compulsory but you can choose either £10, £15 or £20 per month.

£10 top-up premium

£15 top-up premium

£20 top-up premium

Please see page 12 of 'Your policy explained' for further information.

## 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.



## Preferred start date

Preferred start date for policy

d	d	m	m	y	y	y	y
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## Declaration

The 'Your Policy Explained' document form the terms and conditions upon which National Friendly intend to rely. For your own benefit and protection, you should read it carefully before signing. If you do not understand any point, please ask for further information.

As employer I would like to apply for a Group Healthcare Deposit Account for my employee(s) (plus dependants where applicable) and declare that:

- I will be responsible for making sure premiums are paid in full and for informing National Friendly of any change of details for those covered.
- I understand the rules on pre-existing conditions and have provided the information required.
- I understand the importance of making additional payments into the personal deposit account.
- I understand that National Friendly will contact an employee's GP and/or any medical treatment provider to process any claims he/she makes.
- 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 the group policy will begin when this application is accepted and issued by National Friendly.

Signature

Date

/ /

Position in company

## BROKER USE ONLY

Company

FSA Reference # (FRN)

Individual Reference # (IRN)

Advised Sale

YES

NO

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**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 are recorded for quality purposes)

**Email** [enquiries@nationalfriendly.co.uk](mailto:enquiries@nationalfriendly.co.uk)

Or alternatively contact your healthcare intermediary

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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](mailto: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](http://www.nationalfriendly.co.uk)**

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