

# Combined application form Healthcare Deposit Account

**Please complete this application form if:**

- You don't have an existing medical insurance policy; and
- You are aged between 18 and 70.

**This form has room for two adults to apply but each adult will have their own individual plan. You can include up to 5 children on this form. You have the choice to cover them all on one policy, or on individual policies.**

You have two underwriting options when applying, you can either apply by moratorium or full medical underwriting. These options are outlined below.

**Moratorium - If you are **not** providing any medical details**

This is the easiest way of applying for private medical insurance. It may be suitable for people who are generally well and have no pre-existing conditions. You don't have to give any details of your medical history, but if you've had any signs or experienced any symptoms in the last five years, the conditions they relate to will not be covered for at least the first two years of your policy.

**If you wish to apply using moratorium please complete sections 1 to 8 only**

**Full medical underwriting - If you **want to know** if a medical condition is covered**

We ask you to tell us your full medical history. This means that you will know right from the start if you are covered for any pre-existing conditions. If we're not able to cover any, either for a fixed period or indefinitely, we will let you know before we finish processing your application and list it on your personal policy schedule.

**If you wish to apply using full medical underwriting please complete sections 1 to 10**

**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, would like to apply over the phone or you need additional application forms please call us on**

**0800 195 9245**

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

# Healthcare Deposit Account

## Combined 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

Moratorium  Full medical underwriting  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: D D M M Y Y

#### 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

#### Optional payments into your personal deposit account

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

Please fill in the whole form using a ball point pen and send to:  
National Friendly, 4-5 Worcester Road, Clifton, Bristol BS8 3JL.

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

|                 |                       |
|-----------------|-----------------------|
| To: The Manager | Bank/Building Society |
| Address         |                       |
| Postcode        |                       |

Name(s) of account holder(s)

Bank/building society account number

Branch sort code

Service user number

6 7 7 9 0 2



Reference

FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD OFFICIAL USE ONLY  
**This is not part of the instruction to your bank or building society**

#### Instruction to your bank or building society

Please pay National Deposit Friendly Society Ltd 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 Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

X

Date

DDI7

Banks and building societies may not accept Direct Debit instructions for some types of account.  
This Guarantee should be detached and retained by the payer.

#### The Direct Debit Guarantee



- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society Ltd to collect a payment, confirmation of the amount and date will be given to you at the time of the request.
- If an error is made in the payment of your Direct Debit by National Deposit Friendly Society Ltd or your bank or building society you are entitled to a full and immediate refund of the amount paid from your bank or building society.
  - If you receive a refund you are not entitled to, you must pay it back when National Deposit Friendly Society Ltd asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.



| 5 Children under 18 years living at the address above (if applicable)   | Account holder  |
|---|---|
| Full name <input type="text"/><br>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/><br><b>Method of application</b><br>Moratorium <input checked="" type="checkbox"/> Full medical underwriting <input checked="" type="checkbox"/> | Please indicate the adult applicant acting as the account holder<br><b>1st</b> <input checked="" type="checkbox"/> <b>2nd</b> <input checked="" type="checkbox"/> |
| Full name <input type="text"/><br>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/><br><b>Method of application</b><br>Moratorium <input checked="" type="checkbox"/> Full medical underwriting <input checked="" type="checkbox"/> | Please indicate the adult applicant acting as the account holder<br><b>1st</b> <input checked="" type="checkbox"/> <b>2nd</b> <input checked="" type="checkbox"/> |
| Full name <input type="text"/><br>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/><br><b>Method of application</b><br>Moratorium <input checked="" type="checkbox"/> Full medical underwriting <input checked="" type="checkbox"/> | Please indicate the adult applicant acting as the account holder<br><b>1st</b> <input checked="" type="checkbox"/> <b>2nd</b> <input checked="" type="checkbox"/> |
| Full name <input type="text"/><br>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/><br><b>Method of application</b><br>Moratorium <input checked="" type="checkbox"/> Full medical underwriting <input checked="" type="checkbox"/> | Please indicate the adult applicant acting as the account holder<br><b>1st</b> <input checked="" type="checkbox"/> <b>2nd</b> <input checked="" type="checkbox"/> |
| Full name <input type="text"/><br>Date of birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Male <input checked="" type="checkbox"/> Female <input checked="" type="checkbox"/><br><b>Method of application</b><br>Moratorium <input checked="" type="checkbox"/> Full medical underwriting <input checked="" type="checkbox"/> | Please indicate the adult applicant acting as the account holder<br><b>1st</b> <input checked="" type="checkbox"/> <b>2nd</b> <input checked="" type="checkbox"/> |

| 6 Choice of cover  |  |
|--|--|
| I wish to cover my children on:<br><input checked="" type="checkbox"/> separate plans <input checked="" type="checkbox"/> one plan    at the following fixed monthly premium <input type="text"/> £                  |  |
| Top-up premium    £10 a month <input checked="" type="checkbox"/> £15 a month <input checked="" type="checkbox"/> £20 a month <input checked="" type="checkbox"/> Additional monthly deposits <input type="text"/> £ |  |

If you have any questions, please call us on

**0800 195 9245**

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

## 7 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 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.

## 8 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 the account holder I would like to apply for a National Friendly Healthcare Account and declare that:

- 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).
- If applying by moratorium I understand the rules on pre-existing conditions.
- If applying by full medical underwriting, I agree to National Friendly using any medical and health information provided, for each of the names on this application, to underwrite and administer this policy.
- If applying by full medical underwriting, I, and anyone else on this application, am/is 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 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

**9 Your medical details – (Complete if you WANT TO KNOW if a condition is covered)**

**Has anyone on this form 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.**

- |  |  |
|--|--|
| <p><b>Heart and circulatory problems</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. heart disease, heart attack, angina, high/low blood pressure, embolisms/thrombosis, stroke, murmur, irregular heartbeat, chest pains, varicose veins, haemorrhoids (piles).</p> | <p><b>Gynaecological and breast problems</b>      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. heavy or irregular periods, fibroids, ovarian cysts, abnormal smears, endometriosis, menopausal symptoms, breast lumps/ cysts.</p>  |
| <p><b>Cancer</b>    Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. breast cancer, lung cancer, bowel cancer, tumours, leukaemia, melanomas, lymphomas, Hodgkin's disease.</p>  | <p><b>Ear, nose and throat problems</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. glue ear infections, hearing difficulties, throat/tonsil infections, adenoid problems, blocked nose, snoring, sinusitis, allergies.</p>                          |
| <p><b>Respiratory problems</b>                                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. asthma, bronchitis, emphysema.</p>  | <p><b>Neurological and mental disorders</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. epilepsy, Parkinson's disease, headaches, migraine, paralysis, multiple sclerosis, depression, anxiety, stress, phobias, myalgic encephalomyelitis (ME).</p> |
| <p><b>Bone, joint and muscular problems</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. fracture, strain, joint pain, arthritis/rheumatism, backache, sciatica, disc problem, bunions, tennis elbow, frozen shoulder, cartilage problems.</p>                        | <p><b>Endocrine and blood disorders</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. diabetes, thyroid problems, overweight/obesity, anaemia, raised cholesterol, factor deficiencies.</p>  |
| <p><b>Abdominal and digestive problems</b>                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. irritable bowel syndrome, Crohn's, colitis, gallstones, stomach ulcer, appendicitis, indigestion, liver problems, diarrhoea, hernia.</p>                                      | <p><b>Dermatological conditions</b>                                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. eczema, dermatitis, skin cysts or lumps, psoriasis, unusual moles, hair disorders, toe or finger nail disorders.</p>                                 |
| <p><b>Genito-urinary problems</b>                                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. kidney stones/infections, cystitis, urgency or frequency of urination, prostate/bladder problems, urethritis, penis/testicular problems, prolapse.</p>                 | <p><b>Any other medical conditions or injuries</b>                                      Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. congenital growth or development, wisdom teeth, sleep disturbance, pregnancy or childbirth complications.</p>                         |
| <p><b>Eye disorders</b>    Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/></p> <p>e.g. cataract, glaucoma, reducing vision, detached retina.</p>  |  |

If the answer is 'Yes' to any of these questions, please give full details below and complete section 10. Please note the examples provided 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             |
| Condition/symptom   |   |                    |
| Investigations/treatment  |   |                    |
| Date they became aware of the condition/symptom   | <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> | Date of last visit |
| <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> |   |                    |
| Present state of health/details of ongoing treatment  |   |                    |
| <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/>  |   |                    |

**GP contact details**

|               |         |
|---------------|---------|
| Doctor's name | Surgery |
| Postcode      | Tel.    |

Continued

## 9 Your medical details – (Complete if you WANT TO KNOW if a condition is covered)

|   |   |                    |
|---|---|--------------------|
| Name  | Height  | Weight             |
| Condition/symptom   |   |                    |
| Investigations/treatment  |   |                    |
| Date they became aware of the condition/symptom   | <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y | Date of last visit |
| <input type="text"/> D <input type="text"/> D <input type="text"/> M <input type="text"/> M <input type="text"/> Y <input type="text"/> Y |   |                    |
| Present state of health/details of ongoing treatment  |   |                    |
| <input type="text"/>  |   |                    |
| <input type="text"/>  |   |                    |
| <input type="text"/>  |   |                    |
| <input type="text"/>  |   |                    |

### GP contact details

|               |         |
|---------------|---------|
| Doctor's name | Surgery |
| Postcode      | Tel.    |

## 10 Consent to obtain a medical report – (complete if you have ticked 'Yes' to any of the questions in section 8)

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.

### 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.

## 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:

# 0800 195 9245

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

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



National Friendly  
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 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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