

Your Choice Private Medical Insurance

CORPORATE APPLICATION

Each of the following parts should be completed by the Company Secretary or other authorised official and the completed form returned to Freedom Healthnet Ltd, Bourne Gate, 25 Bourne Valley Road, Poole BH12 1DY. Any employees wishing to include, at their own expense, out-patient treatment, higher levels of cover, or cover for dependants (including children) must complete a separate individual application. Please use BLOCK CAPITALS.

About your company

Name of company				Nature of business		
Address						
					Postcode	
Telephone numbers <small>(inc. area code)</small>				Fax numbers		
E-mail address						
Name of contact				Position		
When do you want your cover to start? dd/mm/yyyy						<input type="text"/>
If the date you wish cover to start requires us to backdate your cover, we will do so only if we receive your application within 14 days of that date.						

Funding positions

There are three methods of funding the provision of private medical insurance for employees. Please indicate the method you wish to adopt.

	Please tick (one box)
A. Fully funded by the Company	<input type="checkbox"/>
B. Partly funded	<input type="checkbox"/>
If 'B' is selected, what percentage will be contributed?	<input type="text"/> %
C. Voluntary. All costs met by insured Members <small>(Each employee needs to complete an individual application)</small>	<input type="checkbox"/>

The cover you wish to provide

Please indicate the level of cover you wish to provide for each Category. There must be a minimum of three persons (including dependents to be insured) in each Category. Also state the job description.

A. THE LEVELS OF IN-PATIENT COVER YOU CAN PROVIDE ARE:

Freedom level	Annual in-patient limit (per person)
Gold	£30,000
Platinum	£50,000
Diamond	£100,000
Diamond Plus*	No annual benefit limit

Category	Benefit level (tick one box for each grade)				Job Description
	Gold	Platinum	Diamond	Diamond Plus	
1					
2					
3					

* Please note out-patient cover is automatically included for Diamond Plus policies

B. OUT-PATIENT COVER (OPTIONAL)

If you choose to include this optional benefit at company expense, the annual limit of cover will depend on the level of benefit you have selected for each category of employee, as follows:

In-patient level	Out-patient level
Gold	£1,000
Platinum	£1,000
Diamond	£1,250
Diamond Plus*	No annual limit

* Please note out-patient cover is automatically included for Diamond Plus policies

Do you want to include out-patient cover? Yes No

If yes, do you want it included for all Categories? Yes No

If No, please indicate which Categories are to be covered. 1 2 3

Your Diamond Plus cover can be upgraded to include the following:

		Categories <small>(please tick as appropriate)</small>				
In-patient & out-patient cover	<input checked="" type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	ALL <input type="checkbox"/>	
A. Alternative therapies	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	ALL <input type="checkbox"/>	
B. Psychiatric care	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	ALL <input type="checkbox"/>	
C. Rehabilitation benefits	<input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	ALL <input type="checkbox"/>	

VOLUNTARY EXCESS

You can reduce your premiums by agreeing to a voluntary excess when you take out your policy. This will be IN ADDITION TO the compulsory excess of £100 on each course of treatment, and will apply individually to each insured Member.

Do you want to accept a voluntary excess? Yes No

If yes, please indicate below the level you require.

Excess			Premium Reduction	Please tick <small>(one box only)</small>		
Voluntary	Compulsory	Total	%	Cat.1	Cat.2	Cat.3
£0	£0 (waived)	£0	+15%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£100	£100	£200	7.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£250	£100	£350	12.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£500	£100	£600	17.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
£1,000	£100	£1,100	25%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please note that the level of cover and any voluntary excess you select will be the same for each insured Member, including any dependants, in each Grade.

Premium quoted £

Underwriting

There are three underwriting bases on which Freedom Healthnet will consider company applications. Please indicate which method of underwriting is appropriate for your company. In some circumstances, both methods may apply.

A. Moratorium (minimum of three employees)

Full information about moratorium underwriting is provided in the "Moratorium Explanatory Note".

B. Continued Personal Medical Exclusions (CPME) (minimum of five employees)

C. Full Medical Underwriting (FMU) (minimum of three employees)

Please tick (one box)

Moratorium CPME FMU All

About any scheme you may have

Do you have you company private medical insurance at the moment? Yes No

If no, please read 'Moratorium Explanatory Note'.

If Yes, who are the insurers? Renewal date dd/mm/yyyy

Declaration

We hereby apply to Freedom Healthnet Ltd for private medical insurance cover as indicated in 'The cover you wish to provide' of this application on behalf of our employees and their dependants as listed in 'Employees and their dependants to be included' and any continuation pages.

We understand that if our application is for moratorium underwriting, pre-existing conditions will be excluded from the cover applicable to individual employees or dependants as appropriate as described in your 'Moratorium Explanatory Note' which we have read.

We understand that if we are applying to switch an existing private medical insurance scheme to Freedom Healthnet Ltd, we must provide you with the following information.

- Employees or their dependants to be included who have:
 - in the last three years had any treatment in respect of cancer, heart or psychiatric conditions or any related or other major medical conditions.
 - made a single claim in excess of £5,000
 - been advised that in the next 12 months they will need, or may need an operation, treatment or tests in respect of cancer, heart or psychiatric conditions or any related or other major medical conditions, or
 - may in the next 12 months, require to make a single claim exceeding £2,000

We will provide all details of current conditions and any potential claims that may arise. This will be to the best of our knowledge and belief, full, true and correct.

It is accepted that failure to do so shall absolve the Insurer from any future claim liability in respect of the affected member(s).

We hereby declare that all our employees to be covered are actively at work and mentally and physically capable of conducting their regular duties of their employment and not been absent for more than 10 consecutive days in the preceding 12 months. It is agreed that any employee not satisfying this warranty will be subject to medical underwriting before any cover is granted.

Individual certificates of insurance issued by your current insurers must be provided to Freedom Healthnet Limited.

We declare that to the best of our knowledge and belief the information we have provided in this application is full true and correct.

Signed	<input type="text"/>	Position	<input type="text"/>
Please print name	<input type="text"/>	Date dd/mm/yyyy	<input type="text"/>

Note: A specimen copy of the policy is available on request. You are advised to keep a record (including copies and letters) of all information supplied to Freedom Healthnet Ltd. A copy of this application will be supplied to you on request within three months of completion. Completion of this form should not be construed as acceptance of risk by Freedom Healthnet Ltd.

Data Protection Act: We, Freedom Healthnet Ltd will use the information you have given to provide and administer the policy you have applied for. The use of personal data and description of the general categories of person and organisations to whom we may disclose it can be found in the Data Protection Register. You are entitled to request a copy of the personal data held in reference to you on our computer, but we reserve the right to charge a small fee.

We, our agents or intermediaries and any member of Freedom Healthnet Ltd, may use the information that you have provided for marketing purposes or for general market research.

We may also use some of the information to advise you of other products and services, offered by Freedom Healthnet Ltd.

Please tick if you do not wish to receive this information

(For office use only)

Agency number/name Consultant name

Where shall we send the documents?

Direct to client Direct to you to forward To you and your client

