

## Group Joiner Application Form

### Continued Personal Medical Exclusions (CPME) & Continued Moratorium for groups of 10 or more

Each of the following parts should be completed by you and the completed form returned to **Freedom Health Insurance, County Gates House, 300 Poole Road, Poole, BH12 1AZ. Please use BLOCK CAPITALS.**

**Maximum age of entry is 70**

Name of your employer:

### About you

Title:

Forename(s):

Surname:

Date of birth:

**Maximum age of entry is 70**

D	D	M	M	Y	Y	Y	Y
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Occupation:

Address:



Postcode:

Telephone numbers (inc. area code):

Landline:

Mobile:

Email address:

When would you like your cover to start?

D	D	M	M	Y	Y	Y	Y
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### About your family

If you require further dependants to be covered please use a separate sheet. **Maximum age of entry is 70**

	Forename(s)	Surname	Date of birth	Occupation
Partner				
Child 1				
Child 2				
Child 3				
Child 4				

### About your General Practitioner (GP)

Name:

Address:



Postcode:

Date of first registration with your General Practitioner:

D	D	M	M	Y	Y	Y	Y
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## About your existing Private Medical Insurance cover

Who is the insurer?

Renewal date?

D	D	M	M	Y	Y	Y	Y
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## About your underwriting options

If you are able to answer 'no' to the following questions, Freedom Health Insurance will offer continuation of cover from your previous insurer with no further underwriting providing there has been no break in cover.

If your current cover is on a Moratorium basis, we will transfer the start date of your previous Moratorium to the new plan.

If your current cover is on a Full Medical Underwriting basis, we will transfer any personal exclusions applied by your previous insurer and will not add further personal exclusions to the Freedom Elite plan.

If you answer 'yes' to any of the questions, Freedom Health Insurance may not offer continuation of cover from your previous insurer. Please contact us to discuss your application on 0800 999 2013.

**To the best of your knowledge, have any employees or their dependants to be included in the group scheme had:**

**1:** Any consultations or treatment relating to any type of cancer, heart, or circulatory conditions in the last 2 years? ☐ Yes ☐ No

**2:** Any medical condition likely to need inpatient treatment within the next 12 months? ☐ Yes ☐ No

## Declaration

I/We hereby apply to be covered under the selected Freedom Health Insurance Elite policy together with the dependants listed in this application.

I/We declare that the statements made on this application form and any additional information supplied as part of this application is full and accurate. Failure to take reasonable care in answering any questions may result in claims being declined, your or any applicant's underwriting terms being changed or the cover being cancelled.

I/We will advise if there are any changes to the information given on this form between the date it is signed and the start date of the Freedom Elite policy cover.

I/We shall read the policy documents when I/we receive them and agree that I/we, and any other dependants included in this application, will be bound exclusively by the terms and conditions of the policy. This agreement shall constitute the entire agreement between the parties.

I/We understand and accept the information provided in section 11 (Pre-existing medical conditions) of The Group Member's Guide to Cover.

I/We understand that this application is subject to acceptance by Freedom Health Insurance and the medical information provided may result in policy endorsements being applied or in some circumstances Freedom Health Insurance being unable to offer cover.

**Please provide your previous Certificate of Insurance including endorsements.**

**Note:** Policy documents are available on request or can be viewed at [www.freedomhealthinsurance.co.uk](http://www.freedomhealthinsurance.co.uk). You are advised to keep a record (including copies of letters) of all information supplied to Freedom Health Insurance. 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 Health Insurance.

## Use of personal information

Personal information given on this application form will be used to administer your insurance policy. This includes underwriting your policy to decide what cover we can offer, administering your policy and handling claims, and helping to detect and prevent fraud.

Personal information may be shared with third parties that help us administer your policy. We may also share personal information with regulatory bodies, medical professionals involved in your treatment, and any broker acting on your behalf.

The way we use personal information is explained in our Privacy Policy which is on our website at **[freedomhealthinsurance.co.uk/privacy-policy](https://freedomhealthinsurance.co.uk/privacy-policy)**. Alternatively you can ask us for a copy.

### Marketing choices

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From time to time, we would like to tell you about products and services that may be of interest to you. If you would like to receive this information, please tick this box. You can unsubscribe at any time by contacting us at

**[dataprotection@freedomhealthinsurance.co.uk](mailto:dataprotection@freedomhealthinsurance.co.uk)**.

Applicant's  
signature:

Date\*:

D	D	M	M	Y	Y	Y	Y
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\* This must be dated: a) prior to the start date of the policy and b) not more than 30 days in advance of the start date.