

# Addition of hypertension related conditions form

## When to use this form

Use this form if you want to apply for additional hypertension related cover.

- Please take care to provide **accurate and complete** answers to all questions for all members who are to be insured under this plan.
- Please make sure you have permission to advise us of all the medical details for all family members you wish to add to this plan.

## Any questions?

Please speak to your adviser or contact us on: 0800 587 0954 Open 8am to 6pm, Monday to Friday

**Please send your completed form back in the business reply envelope provided.**

Please complete, in ink using **BLOCK CAPITALS**.

## Do you suffer from hypertension?

Healthcare insurance would usually exclude cover for pre-existing hypertension and its related conditions that might arise. However, AXA PPP healthcare now offers an opportunity to cover treatment of new medical conditions associated with hypertension that arise after joining us.

We will cover the eligible treatment of conditions associated with hypertension providing these related conditions are not pre-existing at the time you join, for example; if you've already been diagnosed with ischaemic heart disease, a condition related to hypertension, this would not be covered. To apply for this additional cover, at no additional cost, simply complete the following details and sign the declaration.

## 1 Your details

1.1 Your title and name:

Mr  Mrs  Ms  Miss Other

Date of birth:

First name:

Surname:

Postal address:

Postcode:

Mobile number:

Daytime telephone number:

Evening telephone number:



## 2 Additional Information

2.1 Full name:	Height:	Weight:
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

## 3 Declaration

This declaration applies to all people listed above who require inclusion for hypertension related conditions.

We will cover the treatment of your hypertension related conditions providing:

- you are over 40 years of age
- your body mass index is between 18 and 32
- you have not been diagnosed with, nor are you awaiting or currently having investigations into, diabetes
- your blood pressure has been controlled for at least two years by medication.\*

\*By “controlled” we mean that for the last two years you’ve been and are currently, under the supervision of your GP to monitor your hypertension.

If you don’t inform us of correct information may result in future claims not being covered for payment.

I declare that I and any others listed meet the above criteria.

If you don’t take reasonable care and the information you give us is inaccurate or incomplete then we may take one or more of the following actions:

- Cancel your plan;
- Declare your membership void (treating your plan as if it has never existed);
- Change the terms of your plan; or
- Refuse to deal with all or part of any claim or reduce the amount of any claim payments

We may ask you to provide further information and/or documents to make sure that the information you gave us when taking out, making the changes to or renewing the plan was correct and complete.

Please don’t assume that we’ll carry out any searches or contact any other person to check any of the information to the answers to any of the questions on this application form or any of the information provided in response to these questions. It remains your responsibility to complete the application form and check that the information within it is correct and complete.

**Please note:** If any of the information you have provided changes before you have been told that your family members plan has begun, you must tell us in writing at once.

Lead member’s signature: <input type="text"/>	Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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