

Sports Health Insurance Application

This declaration must be completed by everyone joining a scheme where Full Medical Underwriting has been chosen.

APPLICANT DETAILS

Full Name:	Mr/Mrs/Miss/Ms/Dr:	Club Name/Reference Number:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Birth:		Home Telephone Number*:
<input type="text"/>		<input type="text"/>
Mobile Telephone Number*:		Personal Email Address*:
<input type="text"/>		<input type="text"/>

*There may be some circumstances where we would need to contact you directly regarding the information submitted on your application. Therefore, please give at least one of the personal contact details other than the contact information already supplied for your group/company.

UNDERWRITING EXPLAINED

Full Medical Underwriting means that we will ask for a full medical declaration for each person to be covered under the scheme. You are required to make a declaration regarding your health and tell us about any conditions which existed before joining our scheme even if a medical opinion had not been sought. Applicants must disclose relevant information. After the application form is submitted we will review the information and decide on what basis we will provide cover. We will then inform you of any pre-existing medical conditions or other medical conditions that will be excluded from cover either permanently or to be reviewed after a pre-determined period of membership. These additional exclusions will be shown on your Certificate of Cover. Where the schedule is issued at group level we will inform the individual employee of the specific details of the exclusion and the Certificate of Cover issued at group level will simply show that an unspecified additional exclusion applies to a given individual(s).

FULL MEDICAL UNDERWRITING

Have you EVER been treated for or experienced symptoms even where a medical opinion has not been sought, or are currently suffering from any of the following conditions or symptoms? If you answer "YES" to any questions, please give details overleaf.

CATEGORIES	The conditions listed below are examples only. This list is not exhaustive.	YES	NO
Blood disorders	e.g. anaemia, leukaemia, bleeding disorders, haemophilia, lymphoma, thrombosis (blood clots)		
Brain and nerve disorders	e.g. stroke, multiple sclerosis, epilepsy, migraine, paralysis, Parkinson's disease, quadriplegia, paraplegia		
Cancer	e.g. any form of cancer or pre-cancerous growth		
Cardiac and vascular	e.g. angina/heart attack, heart failure, heart murmurs, rheumatic fever, high or low blood pressure, rhythm disturbance (palpitations), varicose veins, poor circulation, raised cholesterol, heart surgery		
Connective tissue disorders	e.g. systemic lupus erythematosus, scleroderma, dermatopolymyotosis, mixed connective tissue disorder		
Dental disorders	e.g. over/underbite problems, missing/skew teeth, false teeth, or ongoing treatment		
Eyes, Ear, Nose, Throat/Speech disorders	e.g. cataracts, glaucoma, retinitis, hearing/visual impairment, disorders of the cornea, blindness, loss of speech, sinusitis, tonsillitis, glue ear		
Gastro-intestinal disorders	e.g. peptic ulcer, hiatus hernia, heartburn, changed bowel habits, rectal bleeding, Crohn's disease, ulcerative colitis, irritable bowel syndrome		
Gynaecological disorders	e.g. ovarian cysts, endometriosis, fibroids, infertility, disorders of the cervix, menstrual disorders		
Kidney/Genito/Urinary disorders	e.g. kidney failure, kidney stones, recurrent infections, nephritis, prostate problems, blood/protein in urine, polycystic kidneys, cystitis, balanitis, epididymal cyst, urethritis		
Liver/Pancreatic disorders	e.g. hepatitis, cirrhosis, liver failure, gallstones, pancreatitis		
Mental health/Psychiatric disorders	e.g. depression, anxiety, schizophrenia, eating disorders, attention deficit hyperactivity disorder		
Metabolic/Endocrine disorders	e.g. diabetes, thyroid abnormalities, growth disorder, Cushing's disease, Addison's disease		

Musculoskeletal disorders	e.g. arthritis, rheumatoid arthritis, crystalline arthritis, osteoarthritis, myasthenia gravis, muscle weakness, gout, osteoporosis, loss of limb, bunions, cartilage damage, arthralgia, back problems, e.g. slipped disc, backache, sciatica, pinched nerve		
Respiratory disorders	e.g. asthma, emphysema, bronchitis, shortness of breath, persistent cough, coughing up blood, cystic fibrosis, sinusitis, allergic rhinitis, chronic obstructive airway disease or any lung surgery		
Skin disorders	e.g. eczema, psoriasis, acne, hypertrophic scars (keloid)		

If you answered "YES" to any of the previous questions please supply full details below. You should also give details of any conditions relating to any categories of illness not listed in the example conditions and any other disease, illness or injury not included in our list of categories. Please continue on a separate sheet if necessary.

Condition/symptom for which medication/treatment was prescribed	Description of medication/treatment including dates	Present state of health

CONFIRMATION OF DETAILS

I/we confirm that the statements made on this application form are true and correct. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance policy, the terms on which it is accepted and the premium charged. I declare that the persons named on this application have been resident in the UK and have been registered with a NHS General Practitioner, as an NHS patient, for at least 60 continuous months immediately preceding this application.

Signature of Applicant:

Date:

Print Name:

General & Medical reserve the right, based on health information supplied on this form, to exclude those with adverse medical history or to exclude a specific conditions or to impose an excess on claims. Please complete this application form fully and return to:
Freepost RLUK-TEYE-UYRU, General & Medical Finance Ltd, General & Medical House, Napier Place, Peterborough, PE2 6XN.

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