

SPORTS HEALTH INSURANCE

CLUB APPLICATION

sportsinsurance4u

GENERAL MEDICAL

Here to Help

We hope you will find this application form easy and straightforward to complete but if you require any assistance, the General & Medical team are trained to give you any help you need.

If you have any questions relating to the cover you wish to purchase or about completing this form, please contact us on **0800 980 4601** or **01733 362872**.

Whether you're new to private medical healthcare or migrating from another provider, General & Medical will supply you with easy to understand literature.

We do not operate complicated telephone systems or call centres, so there is always your personal Client Relations Co-ordinator to help you with any queries or questions, which may arise.

IMPORTANT NOTICE - Information we need to know about

You must take care in answering all the following questions, which are relevant to us in providing this policy, and setting the terms and premium. In deciding to accept this policy and in setting the terms and premium, we have relied on the information you have given us. You must take reasonable care to provide complete and accurate answers to the questions we ask. Please contact us on **0800 980 4601** or **01733 362872** if you do not understand the question or the nature of the information required or please seek guidance from your broker. Failure to provide information or the provision of incomplete or inaccurate information may result in the loss of cover or revised terms and/or premium or it may affect any claim you make under this policy. If the information provided by you is not complete and accurate:

- we may cancel your policy and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium and/or change any excess, or
- the extent of the cover may be affected.

If any of the information provided by you changes after your policy starts please send us details either directly or through your broker.

We recommend you keep a record of all information you send us, including copies of letters, for your future reference. We will send you a copy of the completed application on request.

GENERAL NOTES

- The plan will not start until we have accepted your application.
- If you have a birthday while your application is being processed, the terms may differ from those originally quoted. We may offer you revised policy terms, but in certain circumstances we may not be able to offer cover.
- We may ask you to contact your doctor if we are experiencing delays in receiving reports which we have asked for.
- We have a confidentiality policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.

Sports Health Insurance Application

CLUB INFORMATION

Club Name:

Parent Company Name (if applicable):

Club Address:

Telephone:

Fax:

Postcode:

Email Address:

Club Secretary or Sports Administrator:

Sport:

Please tick if your club turnover is more than £1 million: ☐

Start Date: the date from which you require cover to begin*

D	D	M	M	Y	Y	Y	Y

*Please note: cover is subject to acceptance by General & Medical and payment of the appropriate premium. Whilst we will try to begin cover on the date indicated it cannot be guaranteed. There may be some circumstances where we have agreed to hold cover but you should note that we will not back date applications/cover.

BROKER DETAILS (if applicable)

Broker Name:

Broker Address & Postcode:

Broker Telephone:

SELECTING YOUR PLAN

Please enter the number of adult members applying for each cover in the boxes below. You will also need to supply details of every adult and child to be covered under the scheme on a separate spreadsheet. If you would like us to deal with members directly, please also supply their addresses and telephone numbers.

Sports Key ☐ Sports ☐ Sports Plus ☐ Sports Elite ☐ Total number to be taken on cover ☐

Hospital and Medical Facility Option: First Choice ☐ Freedom ☐ Premium ☐

Select Your Excess: Please enter the number of members applying for each excess.

Excess Per Claim ☐ Excess Per Year ☐ No Excess ☐

£75 ☐ £100 ☐ £150 ☐ £200 ☐ £250 ☐ £500 ☐ £1,000 ☐ £2,000 ☐ £3,000 ☐

☐ **Channel Islands Cover:** If required, please tick to confirm that all applicants are permanent residents of the Channel Islands.

☐ **Employee Assistance Programme**

PRE-EXISTING CONDITIONS

Cover for members can be extended for up to two pre-defined conditions for an addition to your premium. Cover is subject to a cash annual limit, which rolls up year on year to a maximum after 10 years continuous cover without a break, or claim relating to the pre-existing condition. If you wish to cover members for pre-existing conditions, please submit details with the membership information.

List of defined pre-existing conditions: Acne, Asthma, Diabetes, Eczema, Glaucoma, Hypertension, Psoriasis, Arthritis, Carpal Tunnel Syndrome, Crohn's Disease, Fibrocystic Breast Disease, Gastro-Oesophageal Reflux Disease, Ulcerative Colitis, Varicose Veins.

UNDERWRITING – please select after reading the definitions on the page opposite

FMU Full Medical Underwriting *	☐	**Moratorium**	☐	**Continued Moratorium**	☐	**MHD** Medical History Disregarded (Community) 20 employees minimum	☐	**MHD** Medical History Disregarded (Claims) 50 employees minimum	☐ **CPME** Continued Personal Medical Exclusions ☐

For Continued Moratorium and CPME Underwriting:

Previously uninsured members to join on either: (please tick)

a) Full Medical Underwriting ☐

b) Moratorium ☐

For MHD Underwriting:

Previously uninsured members to join on either: (please tick)

a) Full Medical Underwriting ☐

b) Moratorium ☐

c) MHD where over 100 members on the ☐

* If the chosen Underwriting is Full Medical Underwriting (FMU), please ask the applicant to complete a Medical Declaration form.

TRANSFERRING EXISTING COVER FROM ANOTHER INSURER (CPME, MHD and CONTINUED MORATORIUM)

a) Please note: It is very important that you answer these questions carefully and truthfully. Please advise if any person to be covered by this application has EVER been diagnosed or received treatment or advice relating to:

Any type of cancer	Yes ☐	No ☐
Any type of heart condition	Yes ☐	No ☐
Psychiatric or mental, illness or condition	Yes ☐	No ☐
Orthopaedic joint conditions	Yes ☐	No ☐

If you have answered "Yes" to any of the above, please provide details below and continue on a separate sheet, if necessary. Please give the type of the condition, the date of diagnosis and, where possible, the name of the person.

b) You may be eligible for an additional discount if you can also supply information about claims over the last three years. Any information provided must be given in documents supplied by the existing or past insurers. Please tick to confirm whether you have provided or attached copies of documentation that gives:

Total renewal premiums in each of the last three years	☐
Total claims paid in each of the last 3 years	☐
Details of all claims over £5,000 in value	☐

Underwriting

The type of underwriting which applies to your cover will be stated on your Certificate of Cover. Definitions of the types of underwriting follow (not all types of underwriting are available to every applicant).

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).

Moratorium Underwriting

Means there is no need to complete a medical declaration on application. It is a period whereby we do not cover you for any condition, or any related condition, which existed, i.e. of which you have had symptoms, even if a medical opinion has not been sought, in the last 60 months prior to joining. Such conditions may automatically become eligible for cover providing the condition, or any related condition, does not remain present, including in remission and only when you do not have symptoms, receive treatment, medication, tests or advice (from your GP or specialist) for such conditions, or any related condition for a continuous period of 24 months after your cover with us has started and immediately prior to any consideration of reinstating cover for that condition. Your cover with us will not provide benefit for pre-existing long-term medical conditions, or related conditions you have, which may require regular or periodic treatment, medication or advice, this is because the moratorium symptom free period starts each time you receive such treatment, so it is unlikely you will ever have two consecutive years free of treatment.

Continued Moratorium Underwriting (Continued Mori)

You can apply on this basis if you are transferring from an existing scheme, which is underwritten on a Moratorium basis. We apply our Moratorium conditions with effect from your original insurance commencement date and will require a copy of your current insurer's renewal terms and the previous insurance certificate for each applicant, which must show us the commencement date of your original moratorium underwriting and must expire no earlier than the day prior to your commencement of cover date with us (if you have had cover with more than one insurer since the commencement of your moratorium we will require proof of continuing cover). We will not cover treatment of any pre-existing condition or any related conditions if there have been symptoms (even if a medical opinion has not been sought), medication, treatment, diagnostic tests or advice relating to that condition or any related condition in the 60 month period prior to your original insurance commencement date. However, we may agree to cover a pre-existing condition or related condition, providing the condition or any related condition does not remain present, including in remission and only if there have been no symptoms, medication, diagnostic tests, treatment or advice for such conditions during a continuous 24 month period after the commencement date of your original cover. Your cover with us will not provide benefit for pre-existing long-term medical conditions, or related conditions you have, which may require regular or periodic treatment, medication or advice, this is because the moratorium symptom free period starts each time you receive such treatment, so it is unlikely you will ever have two consecutive years free of treatment. Treatment, investigations, or tests, required, for conditions for which symptoms were present at the time of your application, will be excluded from your transfer of cover for a minimum period of 10 months. Certain other treatments are excluded from your transfer of cover for a minimum period of 36 months where you have had any condition, including in remission, in the 60 months prior to the start of your cover with us which would require any of these treatments after the start of your cover with us. These are heart surgery (including by-pass surgery), cancer care or treatment, psychiatric care or treatment, joint replacement or revision surgery. In addition, benefit, care or treatment which relate to pregnancy or complications of pregnancy (including private delivery), are excluded for your transfer of cover for a minimum period of 12 months.

Continued Personal Medical Exclusions (CPME)

You can apply on this basis if you are transferring from an existing fully medically underwritten insurance scheme. The scheme must have been previously fully underwritten and any exclusions (or other appropriate endorsements) applied to any pre-existing conditions. We will apply the same personal medical exclusions to your cover with us that were applied to your previous scheme. The wording of our exclusions and endorsements which will apply to your cover with us, may differ from that of your previous cover. We will require a copy of your current insurer's renewal terms and the previous insurance certificate for each applicant, which must show us the previous underwriting terms and details of any exclusions and must expire no earlier than the day prior to your commencement of cover date with us. Treatment, investigations, or tests, required, for conditions for which symptoms were present at the time of your application, will be excluded from your transfer of cover for a minimum period of 10 months. Certain other treatments are excluded from your transfer of cover for a minimum period of 36 months where you have had any condition, including in remission, in the 60 months prior to the start of your cover with us which would require any of these treatments after the start of your cover with us. These are heart surgery (including by-pass surgery), cancer care or treatment, psychiatric care or treatment, joint replacement or revision surgery. In addition, benefit, care or treatment which relate to pregnancy or complications of pregnancy (including private delivery), are excluded for your transfer of cover for a minimum period of 12 months.

For Continued Moratorium and CPME

The following information is required for us to consider Continued Moratorium or CPME transfer:

a) All employees cover is mandatory and fees are 100% employer paid.
b) Part-time employees, employees over the age of 65 and those resident outside the UK do not constitute the minimum employee requirement for the scheme to be considered.
c) 3 years claims experience
d) Full names, dates of birth and home addresses for all applicants. The company must declare to us which applicants are employees and which applicants are the dependents of employees
e) A valid and current Certificate of Insurance for each applicant and any dependents which must show us the commencement of their original moratorium or underwriting terms and details of any exclusions, must be provided to us. The Certificates of Insurance must expire no earlier than the day prior to the scheme commencement of cover date with us (if the scheme has had cover with more than one insurer since the commencement of their moratorium we will require proof of continuing cover).
f) Disclosure of any members who have ever been diagnosed with any heart, cancer, psychiatric or orthopaedic joint condition

Medical History Disregarded (MHD)

For large group schemes we may offer underwriting terms on a Medical History Disregarded basis. Under the terms of this cover there is no requirement to complete any medical declaration and the moratorium clause does not apply. No exclusions will be based on the cover in respect of pre-existing conditions although the rules and benefits of the scheme purchased will still apply. Special terms apply allowing babies to be added to cover on Medical History Disregarded Schemes.

We are prepared to consider accepting a group scheme presently insured by another provider on a 'MHD' basis in accordance with the following criteria:

For Claims related, flat rated schemes with a minimum of 50 adult registrations the following information is required for us to consider transfer:

a) 3 years claims experience.
b) Number and ages of employees.
c) A copy of the existing insurers offer of renewal.

For MHD schemes generally

1) The scheme must have been previously insured or have been placed within a Trust Arrangement.
2) All fees are mandatory and 100% employer paid (part-time employees, employees over the age of 65 and those resident outside of the UK do not count towards the minimum employee requirement members who in the last 36 months have been diagnosed with any heart, cancer or psychiatric condition.
3) Previously uninsured members joining an existing MHD group or company currently insured with us but with less than 100 members will be subject to either Full Medical Underwriting or new moratorium underwriting terms.
4) For additional members joining an existing MHD group or company currently with us but with more than 100 members, we are prepared to accept the additional new joiners on Medical History Disregarded Basis.

Sports Health Insurance Application

COMPANY DECLARATION TO BE SIGNED BY SPORTS ADMINISTRATOR

Scheme Administrator/Position:

Date of Birth:

Please give details of other persons nominated by the company, in the absence of the above named Scheme Administrator, with whom General & Medical may communicate to discuss any issues or queries that may arise. Under the terms of the Data Protection Act (1998) we cannot discuss any information regarding the company with anyone other than the nominated people.

Name and Position:

Name and Position:

DECLARATION TO BE SIGNED BY PRINCIPAL MEMBER

POLICY DECLARATION

- I understand that this application is subject to written acceptance by General & Medical.
- I give permission to the disclosure of the medical information I've provided for risk management and underwriting purposes to any employee in the General & Medical group. This information can also be used to maintain management information for business analysis.
- I will inform you immediately of any changes to the information that occur before the policy starts.
- I agree to General & Medical accepting medical reports faxed directly to General & Medical from the doctor's surgery of any applicant to be covered by this policy.
- 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.
- I understand that by signing this declaration I am applying on behalf of all applicants to be covered by this policy and am doing so with their full consent. I also agree to receive all policy related documentation on behalf of all applicants.
- I confirm that the statements made on this application form are true and correct. I 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.

Signature of Principal member on behalf of all applicants:

Date:

Print Name:



Direct Debit Instructions

HOW TO PAY

Please fill in the whole form (including the General & Medical Ltd Official Use Only box if you are paying on behalf of the Policy Holder) in BLOCK CAPITALS using a ball point pen and send it to:

Freepost RLUK-TEYE-UYRU,
General & Medical Finance Ltd,
General & Medical House,
Napier Place, Peterborough,
United Kingdom, PE2 6XN.

(Note: FREEPOST only applies if sent from within the UK.)

Name(s) of Account Holder(s):

Bank/Building Society Account Number

Branch Sort Code

Name and full postal address of your Bank or Building Society

To: The Manager — Bank/Building Society

Address

Postcode

Reference (General & Medical Customer Reference Number)

Service User Number

8	5	6	7	6	0

For General & Medical Finance Ltd Official Use Only
This is not part of the instruction to your Bank or Building Society. Please only complete this box if you are paying on behalf of the Policy Holder.

Title, Name and Address of Account Holder(s):

Telephone No:

Email Address:

Policy Holder's Name:

Do you have the account holder's permission? (Please tick) Yes ☐ No ☐

Instruction to your Bank or Building Society
Please pay General & Medical Finance 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 General & Medical Finance Ltd and, if so, details will be passed electronically to my Bank/Building Society.

Signature(s)

Date

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

DIRECT Debit

- 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 General & Medical Finance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request General & Medical Finance 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 General & Medical Finance 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 General & Medical Finance 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.

In order to process your application quickly and correctly please complete this application form fully. Please enclose any additional information you feel necessary on a separate sheet. Please make sure the form is signed where applicable including the Direct Debit instruction and return the entire application form in the enclosed reply paid envelope or send it FREEPOST to the following address:
Freepost RLUK-TEYE-UYRU, General & Medical Finance Ltd, General & Medical House,
Napier Place, Peterborough, PE2 6XN (NO STAMP REQUIRED)

CONTACT US

A-4011-V1.20

CALL US
0800 980 4601

EMAIL
sales@generalandmedical.com

WEBSITE
www.sportsinsurance4u.com

sportsinsurance4u

Sportsinsurance4u are a division of General & Medical Finance Ltd - Registered in England No 2421641.
Registered Office: General & Medical House, Napier Place, Peterborough, PE2 6XN.
General & Medical Finance Ltd are authorised and regulated by the Financial Conduct Authority (FCA).
Our firm reference number is 579509 and this may be checked at www.fca.org.uk

