

SPORTS HEALTH INSURANCE

PLAYER 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.

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PLAYER NAME

Preferred Title:

First Name:

Surname:

Date of Birth:

Home Address:

Gender:

Telephone Number:

Postcode:

Mobile Number:

Email Address:

Your Chosen Sport:

PREFERRED START DATE

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.

DECLARATION OF CONSENT (optional)

I hereby give my consent to a representative to manage all matters relating to my private healthcare and the processing of any claims subject to the policy wording in the 'Policy Documents' (please tick):

Club ☐ Broker ☐ Medical Professional ☐ Name/Position:

SELECTING YOUR PLAN

Please tick which healthcare scheme you are applying for.

Sports Key ☐ Sports ☐ Sports Plus ☐ Sports Elite ☐

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

SELECT YOUR EXCESS

Select Your Excess: Excess Per Claim ☐ Excess Per Year ☐ No Excess ☐

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

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PRE-EXISTING CONDITIONS

Please note: Your cover can be extended for up to two of the pre-defined conditions for a supplement 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 cover.

List of defined pre-existing conditions:

1. Acne
2. Asthma
3. Diabetes
4. Eczema
5. Glaucoma
6. Hypertension
7. Psoriasis
8. Arthritis
9. Carpal Tunnel Syndrome
10. Crohn's Disease
11. Fibrocystic Breast Disease
12. Gastro-Oesophageal Reflux Disease
13. Ulcerative Colitis
14. Varicose Veins

Pre-existing condition number: ☐ Pre-existing condition number: ☐

UNDERWRITING EXPLAINED

Please indicate required terms

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 (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.

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FULL MEDICAL UNDERWRITING

Only complete this section if you have chosen the FULL MEDICAL UNDERWRITING option. If you have selected any other underwriting option then skip to the next section.

Have any of the applicants, **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.

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 erythematosis, scleroderma, dermatopolymytosis, 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)		
Sensory functions	e.g. loss or impairment of sense of touch, smell or taste		

If you answered "YES" to any of the above 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

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POLICY DECLARATION TO BE SIGNED BY PRINCIPAL MEMBER

APPLICATION CHECK LIST

Before you return this application please ensure you have:

- Entered and checked all personal details for you and all additional applicants.
- Selected your scheme and hospital option.
- Answered all relevant questions in the Underwriting section.
- Completed your payment details.
- Signed the General & Medical Policy Declaration on behalf of all applicants.
- Read and keep for your information 'The Direct Debit Guarantee'.

POLICY DECLARATION

- I understand that this application is subject to written acceptance by General & Medical.
- 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 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 cover starts.
- I agree to General & Medical accepting medical reports faxed directly to General & Medical from the doctor's surgery.
- 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:

CONTINUED MORATORIUM & CONTINUED PERSONAL MEDICAL EXCLUSIONS

Only complete this section if you have chosen either the Continued Moratorium or Continued Personal Medical Exclusions underwriting option.

If your application is for less than 6 adults, do you, or anyone else on your application, have any symptoms which may require any treatment, investigations or tests, whether privately or via the NHS, in the next 6 months?

Yes ☐ No ☐

If you answered "YES" to the above question please supply full details below. Please continue on a separate sheet if necessary.

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

If your application is for less than 20 adults, do you, or anyone else on your application, have any long-term or chronic conditions?

Yes ☐ No ☐

If you answered "YES" to the above question please supply full details below. Please continue on a separate sheet if necessary.

Name of Applicant	Details of condition

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-4009-V1.31

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0800 980 4601

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WEBSITE
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sportsinsurance4u

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