

Health Cover Range Application form Moratorium and Fully Medically Underwritten



For office use only

Rec'd
Mem. No.
w.e.f.
Group No.
Agent No.
Source code. **3287**

Please complete this form in BLOCK CAPITALS.

1 Your personal details (main policyholder)



Full name (including title):

Address:

Postcode:

Contact tel no:

Date of birth:

Occupation:

AXA PPP healthcare
membership no.
(if already a member)

2 Details of all other persons to be included in the policy



Full name
(including title)

Relationship to
policyholder

Gender
(m/f)

Date of
birth

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3 Your chosen level of cover

Note: quoted prices are subject to review on 1 April and 1 October. Your quoted price may also change if you have moved or if anyone requiring cover has had a birthday since you first contacted us. The price quoted is based on a 12 month period of cover. You will receive details of how to renew your cover prior to the end of this 12 month period.

Product required (Please tick appropriate box):

Health Cover Health Cover Extra Health Cover Plus Health Cover Plus Extra
Health Cover Deluxe Psychiatric upgrade (Health Cover Deluxe only)

Option required: NCD (mandatory) 6 week (excluding Deluxe)

Level of excess required: £100 (mandatory) £200 £500

Type of underwriting: Moratorium (please complete section 4 and section 6)

Full medical (please complete section 5 and section 6)

4 Moratorium underwriting

I declare that to the best of my knowledge and belief the statements made on this form are true and correct. I acknowledge that any future policy enrolments will be on the basis of these statements and that I, and my family members included on such a policy, shall be bound by the terms of that policy which I shall read when I receive my policy details. I understand that you will send all correspondence about this policy to the main policyholder unless I or my family members write to tell you otherwise. I have indicated my chosen options and method of payment I would like. I understand that the persons covered by this application will be subject to a two year rolling moratorium clause, the details of which are:

- (a) Initially there is no cover at all for treatment of any medical condition which was in existence at any time during the five years immediately preceding the date on which the persons included on this application joined AXA PPP healthcare. This exclusion relates not only to those conditions for which a diagnosis has been received but also to any medical condition for which they actually had symptoms, even though no diagnosis had been attached to those symptoms. All that matters is that the person knows, or ought reasonably to have known, that something was wrong even if they had not consulted a doctor. If a claim is made, therefore, the person's doctor may be asked for confirmation that they would have had no reason to know or believe, when they joined, that they might

continued overleaf.

6 How to pay

You can choose to pay for your cover either annually or monthly, it's up to you. Simply tick one of the two boxes below to indicate your choice, then decide how you would like to pay. **Important:** Please note that if you opt to pay by cheque, you cannot choose the monthly payment option and should tick the annual payment box below.

How often would you like to pay?: Annually Monthly

How would you like to pay: 1 Direct Debit (complete the mandate below ensuring that you sign and date it)
2 Cheque (please make cheques payable to AXA PPP healthcare Ltd and enclose it with this application)

Instruction to your Bank or Building Society to pay by Direct Debit

Please fill in the whole form (including the official use box if appropriate) and send to:

**AXA PPP healthcare, Phillips House, Crescent Road,
Tunbridge Wells, Kent TN1 2PL.**

Name and full postal address of your Bank or Building Society

To The Manager:	Bank/Building Society
Branch address:	
Postcode:	

Name(s) of Account Holder(s)

Bank/Building Society account number

Branch Sort Code

Banks and Building Societies may not accept Direct Debit Instructions for some types of account.

Service User Number

Reference (AXA PPP healthcare limited membership no.)



For AXA PPP healthcare limited official use only
This is not part of the instruction to your Bank or Building Society
Please complete this box if you are paying on behalf of the policyholder.

Name and address of account holder: _____

Telephone no: _____

Policyholder's name: _____

Instruction to your Bank or Building Society

Please pay AXA PPP healthcare limited 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 AXA PPP healthcare limited and, if so, details will be passed electronically to my Bank/Building Society.

Signature: **X**

Date: **X**

Checklist

Tick the appropriate boxes in this section

Have you:

- Checked your personal details are correct (including telephone numbers)? (section 1)
- Checked and/or completed the details of any other persons, if they are to be included? (section 2)
- Chosen your level of cover? (section 3)
- Completed the moratorium underwriting? (section 4) – if applicable
- Completed the full medical underwriting? (section 5) – if applicable
- Chosen method of payment? (section 6)
- Signed and dated the Direct Debit form? (section 6) – if applicable
- Enclosed a cheque? – if applicable



PPP HEALTHCARE