



# Alchemy Individual Continued Personal Exclusion Application Form

## PLEASE USE BLOCK CAPITALS AND BLUE/BLACK INK

The questions on this form and any other details for which we specifically ask, relate to facts considered material to underwriting the insurance. Failure to provide these fully may invalidate your insurance. If you are in any doubt as to whether they are material or relevant you should disclose them on this application form. By completing this form you are applying to enter into a contract with Axeria Life International PCC Limited ('the Insurer') and this will form the basis of the contract. A specimen policy is available on request. Any prospective policyholder or dependant who is over the age of 64 will only be accepted on a Full Medical Underwriting basis.

### Applicant 1

#### POLICY DETAILS:

Calculated premium amount:  Annual  Monthly  Commencement date:

Outpatients Benefits: Full Cover  or Limited Cover

Complementary Medicine

Single  Joint  Family  Single Parent

Health Cash Benefits  Worldwide Travel Benefits

Excess:  Psychiatric Benefits  Extended Hospital List

Have you, or anyone else to be insured on this plan, ever been diagnosed with, or are you currently being investigated for:

- a) Any heart disease, heart disorder, or heart condition including hypertension? Yes  No
- b) Any cancer or pre-cancerous condition? Yes  No

#### APPLICANT DETAILS:

Title:  Surname:  Forename(s):

Address:  Postcode:

Male:  Date of birth:  Occupation:  E-mail address:

Female:

Work tel no:  Home tel no:  Mobile tel no:

#### OTHER PEOPLE TO BE COVERED:

Title	Surname	Forename(s)	Male / Female	Date of birth	Occupation (if over 16)

## Applicant 2

### POLICY DETAILS:

Calculated premium amount:	Annual <input type="checkbox"/>	Commencement date:	Outpatients Benefits: Full Cover <input type="checkbox"/>	or Limited Cover <input type="checkbox"/>
	Monthly <input type="checkbox"/>		Complementary Medicine <input type="checkbox"/>	
Single <input type="checkbox"/>	Joint <input type="checkbox"/>	Family <input type="checkbox"/>	Health Cash Benefits <input type="checkbox"/>	Worldwide Travel Benefits <input type="checkbox"/>
		Single Parent <input type="checkbox"/>	Psychiatric Benefits <input type="checkbox"/>	Extended Hospital List <input type="checkbox"/>

Excess: \_\_\_\_\_

Have you, or anyone else to be insured on this plan, ever been diagnosed with, or are you currently being investigated for:

- a) Any heart disease, heart disorder, or heart condition including hypertension? Yes  No
- b) Any cancer or pre-cancerous condition? Yes  No

### APPLICANT DETAILS:

Title:	Surname:	Forename(s):
Address:		
Postcode:		
Male: <input type="checkbox"/>	Date of birth:	Occupation:
Female: <input type="checkbox"/>		E-mail address:
Work tel no:	Home tel no:	Mobile tel no:

### OTHER PEOPLE TO BE COVERED:

Title	Surname	Forename(s)	Male / Female	Date of birth	Occupation (if over 16)

## Declaration - please read carefully and complete

I hereby apply for insurance with the Insurer for those shown on this form. I agree to be bound by their usual terms and conditions contained in the policy document.

I declare to the best of my knowledge and belief that the statements made in this application form, and any supplementary information provided as part of this application are accurate, true and complete. I shall read the terms and conditions of the policy when received and agree to be bound by them.

### Continued Personal Medical Exclusions (CPME)

Subject to the benefits, terms and conditions, exclusions and limitations of the policy, an individual can transfer their private medical insurance cover from one provider to another, on the same individual underwriting terms that were applied by the previous insurer, providing that continuous cover is maintained. This means that any personal medical exclusions or restrictions that were imposed on your private medical insurance cover by your previous insurer will continue under your cover with us.

However, if a prospective policyholder or dependant has ever been diagnosed or is currently being investigated for:

- Any heart disease, heart disorder or heart condition including hypertension.
- Any cancer or pre-cancerous condition

they will only be accepted on a Full Medical Underwriting or Moratorium basis. For more information about the different methods of underwriting, you should read our separate guide 'How you can apply for cover'.

### Please sign and date here:

Applicant 1 Signature:

X

Date

X

Applicant 2 Signature:

X

Date

X

### Data Protection Act 1998

I/we confirm and agree that information about me/us and this application form may be retained on paper and computer by APRIL UK and Europ Assistance and used:

- a) By Axeria Life International PCC Limited and Europ Assistance and other businesses that provide insurance services relating to the policy as may be necessary for the administration of my/our policy and dealing with our claims under my/our policy. I/we agree that it may be necessary for Axeria Life International PCC Limited and Europ Assistance to obtain and use sensitive personal information about me/us.
- b) To provide information about me/us (whether provided in the application form or any claim form) to other insurers for the prevention of fraud and to other third parties for the purpose of administration of their policy or any claim. Details of such third parties and other insurers will be made available on request.

The information may also be used to send you details about other services available from APRIL UK that might be of interest to you. If you wish to opt out of this service, please tick this box.

### To be completed by the Business Consultant:

Name:

Number:

Date:

Cheque enclosed: Yes / No

Direct Debit Form enclosed: Yes / No

Signature:

### Head Office use only:

Premium checked: Yes / No

Actual premium: £