



Alchemy Group Application Form

Please use this form if you are applying for an Alchemy Group Policy on behalf of a company or group.
Once completed, you should return this form to your Business Consultant.

You must also complete and enclose a Direct Debit form.

Depending upon which underwriting basis you select for your employees or affinity group, you may also need to enclose a separate application form for each individual and a current certificate of registration (if CPME selected).

1. Company details

Name of company or group:

Nature of business:

Company address:

Postcode:

Telephone number:

Fax number:

Total number of employees in company:

Total number of employees to be covered:

Category of employees eligible:

Proposed commencement date:

2. Payment method - how would you like to pay?

Annually by cheque (please make cheque payable to APRIL UK)

Monthly by Direct Debit*:

Annually by Direct Debit*:

**please complete and enclose a Direct Debit Form*

3. Declaration - please read carefully and complete

This application form and individual application forms will be the basis for the contract between the company and the insurer. Any employee(s) proportion of the Group Policy will be paid in full by the company, without recovery from the employee(s). All group members are resident in the United Kingdom and meet the eligibility criteria for the scheme.

Entry onto the policy will be with one of the following underwriting methods (please note that any prospective policyholder or dependant who is over the age of 64 can only join on a Full Medical Underwriting basis):

Moratorium

It is understood that the policy excludes the cost of any investigation and/or treatment for any illness or related medical condition for which the persons to be insured underwent treatment, sought medical advice or were aware of symptoms within the five years before the start date of this policy.

Full Medical Underwriting

Employees will be required to complete a medical questionnaire. The questionnaire will be reviewed and the employee will be advised which conditions cannot be covered under the Alchemy policy.

Continued Personal Medical Exclusions (CPME)

Subject to the benefits, terms and conditions, exclusions and limitations of the policy, a Company 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.

Signed for and on behalf of the Company

Signature:


Date:


For more information about the different methods of underwriting, you should read our separate guide 'How you can apply for cover'.

Self – Employed or Company Declaration for Group Policies of 2 members only

I confirm that I am a self-employed/company director working on a full time basis (16 or more hours per week) and meet the following criteria:

- A Sole Proprietor or Trader
- A Partner within a Partnership
- A Director of a Limited Company

I declare my employment status to be as indicated above. I also confirm that I will immediately inform you in writing of any change of status other than detailed as this may render my policy void.

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.

Print name:


Position held in company:


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: £ _____

4. Employees to be covered - please list all the employees to be covered

EMPLOYEE 1:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 2:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 3:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 4:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 5:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 6:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 7:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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

EMPLOYEE 8:

Additional options required:

Outpatients Benefits - Full Cover or Limited Cover

Complementary Medicine Health Cash Benefits Worldwide Travel Benefits Psychiatric Benefits Extended Hospital List

Underwriting basis: Moratorium Full Medical Underwriting CPME **Excess:** _____

If Moratorium, please attach Moratorium Application Form. If Full Medical Underwriting, please attach FMU Application Form.

If CPME, have you or anyone else to be insured on this plan, ever been diagnosed with, or are 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

Please also attach copy of up to date certificate of registration detailing underwriting conditions from the previous insurer

Title:	Surname:	Forename(s):	Date of birth:	Male: <input type="checkbox"/>
				Female: <input type="checkbox"/>

Address:	Occupation:
Postcode:	Calculated premium amount:

Work tel no:	Home tel no:	Mobile tel no:	E-mail address:
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Other applicants to be covered (partner/children) - *If more space is required, please continue on a separate sheet of paper*

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