



Alchemy Moratorium 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.

1. Policy details

Name of company (only complete if covered under a Group Policy):

Calculated premium amount:

Annual

Monthly

Commencement date:

Single

Joint

Family

Single Parent

Excess: _____

Additional Options:

Outpatients Benefits: Full Cover or Limited Cover

Complementary Medicine

Health Cash Benefits

Worldwide Travel Benefits

Psychiatric Benefits

Extended Hospital List

2. Main 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:

3. 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)

4. Declaration - please read carefully and complete

Moratorium Underwriting Clause

With this option you do not need to fill in a health statement. Instead, we automatically exclude any pre-existing conditions for which you (and any family member included in your application) have received treatment and/or medication, advice, or asked advice on, or had symptoms of (whether or not diagnosed), during the five years immediately before your PMI cover started.

However, if you do not have any symptoms, treatment, medication, or advice for those pre-existing conditions, and any directly related medical conditions, for two continuous years after your policy starts, then we will reinstate your cover for those conditions.

You should understand that long-term medical conditions, which are likely to continue to need regular or periodic treatment, medication or medical advice, will never be covered by your policy.

You should not delay seeking medical advice or treatment for a pre-existing condition simply to obtain cover under your policy.

Moratorium Declaration

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.

Please sign and date here:

Main Applicant Signature:

X

Date

X

I understand that pre-existing medical conditions are excluded from benefit and I have read the Moratorium Underwriting Clause relating to pre-existing conditions.

I agree to be bound by this Clause.

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: £