

Private Medical Insurance Demands & Need Recommendation

Where you have sold a PMI plan you must use the relevant matrix code supporting your recommendation of the plan.

Remember, more than one matrix code may be appropriate.

Terms of acceptance

Having supplied you with the options available for the terms of acceptance:

- IA** You have chosen to proceed with a plan on a Moratorium basis as you have not been insured previously.
 - IB** You have chosen to proceed with a plan on a Moratorium basis despite you having current insurance, as neither you, nor anyone else to be insured, have had any medical conditions over the last five years. You have chosen this option as a new Moratorium plan has a more competitive premium.
 - IC** You have chosen to proceed on a new Moratorium basis although you could have proceeded on a Continued Personal Medical Exclusion basis. You are aware of the implications, but wished to take advantage of the discounted premium.
 - ID** You have chosen to proceed on a Continued Personal Medical Exclusion basis as you have insurance already and you wish to protect your existing medical history. We have not discussed in detail the benefits of the existing insurer and I have suggested you do not cancel your existing policy until you receive your full policy documentation from Capital Healthcare and have had the opportunity to review the content.
 - IE** You have chosen to proceed on a Full Medical Underwriting basis to enable you to consider any exclusion that may be applied prior to you proceeding with cover.
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Spouse/Dependants

- 2A** You have chosen not to cover your spouse at this time.
 - 2B** You have chosen not to cover your children at this time.
 - 2C** Whilst cover has been chosen for your children, you are aware that when they reach 21, if they are not in full time education they will need to have a policy in their own right.
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Budget

- 3A** The level of benefit and premium I have recommended to you is acceptable.
- 3B** Whilst the level of benefit is not in line with that requested, due to budget you have agreed that this is both affordable and acceptable to you.
- 3C** Take an excess benefiting from the premium discount.
- 3D** Take the six week option to benefit from the premium discount.

Level of Benefit

- 4A** Your budget has determined the level of benefit taken.
 - 4B** In light of your location you will need access to the London Hospitals.
 - 4C** You have chosen to take the additional cash benefits to enhance your policy but remaining within your budget.
 - 4D** You have chosen a level of benefit where a mandatory excess applies which you are aware of.
 - 4E** You are aware that in line with your budget the recommended policy provides benefit for In-Patient and Day-Patient treatment but excludes Out-Patient treatment.
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Existing Insurance

- 5A** You have advised me that due to the cover and benefits of our Private Medical Insurance plan, you propose to cancel your existing plan.
- 5B** You might like to consider whether you wish to continue with two separate plans as your benefits may be affected under the plan in the event that you elect to retain two products.

Existing Plan (details of which have not been disclosed)

- 5C** I understand that you have an existing plan in place with regard to Private Medical Insurance, however you have not been able to provide me with details. Under these circumstances the recommendation I have made might not be suitable.

Existing Plan (details of which were disclosed)

- 5D** You made me aware that you have an existing plan in place with regards to Private Medical Insurance. However I must point out that I am not able to advise you on the products of another company and my recommendation is based on the contract features of the products on which I am authorised to advise which, of course, you will be able to compare with your existing arrangements.
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Options

- 6A** You have chosen to include the optional additional benefit of Worldwide Travel as this is in line with your current requirements. The full Europ Assistance Traveller Policy wording will follow separately in due course.
- 6B** You have chosen to take the additional Complementary Medicine Benefits to enhance your plan but remaining within your budget.
- 6C** You have chosen to take additional benefit to provide Full Out-Patient treatment to enhance your plan but remaining within your budget.
- 6D** You have chosen to take additional benefit to provide Limited Out-Patient treatment to enhance your plan but remaining within your budget.
- 6E** You have chosen to take the additional Health Cash benefits to enhance your plan but remaining within your budget.
- 6F** You have chosen to take the additional Psychiatric benefit to enhance your plan but remain within your budget.