

Moratorium Application Form (Individual)



Introduction

Please read the application form carefully and ensure you have all of the relevant information to hand before completing the form. If you are in doubt as to the relevance of any information, you should disclose this to us as failure to provide information may invalidate your insurance or jeopardise our acceptance of this application.

All information disclosed will be treated in the strictest of confidence. If you wish, you may forward your application in a sealed envelope directly to Universal Provident Ltd.

OFFICE USE: Intermediary Name: **1 2 1 Healthcare** V.R.D: ____%

You are advised to keep a record of all information you provide, including copies of any correspondence. You may obtain a copy of the application form from us if you ask for this within three months of completion.

This application form is valid for 30 days only. No cover is in force until the application has been accepted by Universal Provident Ltd and the premium has been paid.

Please use **BLOCK CAPITALS** and blue/black ink

A. About Yourself

Mr/Mrs/Miss/Ms/Other: _____

Forenames: _____

Surname: _____

Address: _____

Postcode: _____

Telephone (Home): _____

Telephone (Work): _____

Date of birth: ___/___/___ Age: () Sex: Male Female

Occupation*: _____

*If you have more than one occupation, please supply details.

Date cover to start: ___/___/___

Do you already hold a Universal Provident Policy?:

Yes No

Please note - cover cannot start before we receive your application form.

B. About Your Family

Please tell us who is to be covered under the policy:

Yourself only: Yourself and partner:

Yourself partner and children: Yourself and children:

Please provide the following information for each member of your family who is to be covered under the policy. If you have more children that are to be covered, please provide details on a separate sheet and attach it to the application:

	Partner	Child 1	Child 2	Child 3
Title				
Surname				
Forename				
Sex				
Date of Birth				
Age				

C. Cover Required

Please tell us which of our products you are applying for:

Premier Care In-Care Total Care

Travellers Care †Dental Care †Living Care

†N.B. included in Total care

If you are applying for Living Care, please tell us the amount of annual benefit you require (maximum of £20,000).

£ _____

If you are applying for Premier Care, In-Care or Total Care:-

Please tell us the hospital scale under which you require cover (please refer to the Hospital List for a full explanation):

Scale A Scale B Scale C Select 40

Please tell us if you require an excess on your policy:

No excess £100 £200 £300

£500 £1000 £2,500 £5000

D. Premiums

Premium payable £ _____ monthly/annually, based on the age of the oldest applicant.

How do you wish to make the payment?

Monthly DD Annual DD

Annual cheque* Biennial cheque

*Please note that this payment method does not include a discount for annual payment

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Pre-existing Medical Conditions

For the first two years of cover, *your policy with us* excludes *treatment for medical conditions* which existed before *you* took out the *policy (pre-existing conditions)*. This exclusion is known as a moratorium clause. Specifically the exclusion of *pre-existing conditions* states:

During the first 24 months of insurance, *benefit* is not payable under this *policy* for *treatment for any pre-existing condition* or related condition. This is known as the moratorium period.

Pre-existing conditions and related conditions will be covered after the moratorium period if *you* have not received any medical advice or treatment for such conditions during the moratorium period.

If at any time during the moratorium period *you* receive any medical advice or treatment for a *pre-existing condition* or related condition, a new two-year moratorium period for that *pre-existing condition* and related condition will start from the date of the latest advice or treatment.

A new two year moratorium period will start each time *you* receive advice or treatment for a *pre-existing condition* or related condition until such time as *you* remain free of advice or treatment for that *pre-existing condition* or related conditions for a continuous period of two years.

A full explanation of how this exclusion operates is given in *our Moratorium Explained* leaflet, which *we* recommend that *you* keep with *your policy* documents.

Warning

You should not under any circumstances forgo necessary medical advice or treatment during the first two years of a *policy*. Such a course of action could endanger both *your own health* and, in the case of transmittable disease, could endanger the health of the general public.

Data Protection Act

We will collect certain information about *you* in the course of considering *your application* and, if *we* issue a *policy* to *you*, in conducting *our relationship with you*. This information will be processed for the purpose of underwriting *your insurance coverage*, managing any *policy* issued and administering claims. We may pass *your information* to other insurance companies, underwriters, medical practitioners and claims administrators for these purposes and for fraud prevention purposes. This may involve the transfer of *your information* to countries that do not have data protection laws. We may also seek information from other insurance companies to check the answers *you* have provided.

You may have a right of access to, and correction of, information that *we* hold about *you*. Please contact Universal Provident Ltd if *you* would like to exercise either of these rights.

Some of the information *we* collect about *you* may be classified as 'sensitive' – that is, information about physical or mental health. Data protection laws impose specific conditions in relation to sensitive information, including in some circumstances the need to obtain *your explicit consent* before *we* process the information.

By signing this proposal form *you* consent to the processing and transfer of information including sensitive information described in this notice. Without this consent *we* would not be able to consider *your application*.

Occasionally access may be granted to other companies within the Berkeley Morgan Group PLC to enable them to bring to *your attention* products and services complementary to Universal Provident's business. Such access will only be allowed when *we* believe it is in *our clients'* interest; it will be carefully controlled and restricted to the minimum, non-sensitive, non-medical, information necessary for the purpose.

Full details of Universal Provident's use of personal data appear in the Data Protection Register.

Declaration

- I declare that I have read this application form and that the statements made are, to the best of my knowledge, true and complete and that no material facts, which may affect the acceptance or assessment of this insurance, have been withheld or suppressed. I understand that this application form will form the basis of the contract between myself and Universal Provident Ltd.
- I understand that the information provided will be used by Universal Provident Ltd for the purposes described in this form, in accordance with the Universal Provident Ltd data protection policy and registration. I understand that I may see the information held about me by Universal Provident Ltd.
- I agree that Universal Provident Ltd may seek information from or give information to any insurance office to which an application has been or is being made by any person named in this application, for sickness or accident insurance, life assurance or private medical insurance. I agree that a copy of this consent will have the validity of the original.
- I agree to be bound by the terms and conditions of the Universal Provident Ltd *policy* for which I am applying, together with the terms and conditions of any optional extensions in cover for which I have applied.

Signed: _____

Date: _____

Money Back Guarantee

You risk nothing by applying as *you* have 14 days to review the *policy* from the date *you* receive it. If at any time during that period *you* decide not to proceed, *you* may cancel *your policy* and receive a full refund of any premium paid, provided that *you* have not made a claim.

Other products and services

If *you* would prefer not to receive information from third parties relating to additional products and services complementary to *your* Universal Provident policies, please tick this box:

Your insurance is contracted with A.A. Cassidy & Others, Syndicate 582 at Lloyds, an insurer incorporated in the U.K., having its principal place of business at 60 Gracechurch Street, London EC3V 0HR. Universal Provident Limited acts as agent for A.A. Cassidy & Others, Syndicate 582 in connection with this insurance.