

Freedom Health Insurance

YOUR CHOICE INDIVIDUAL APPLICATION FORM (Moratorium)

Each of the following parts should be completed by you and the completed form returned to: **Freedom Health Insurance, Bourne Gate, 25 Bourne Valley Road, Poole, BH12 1DY.** Please use **BLOCK CAPITALS**.

About you

Title:

Forename(s):

Surname:

Date of birth: Are you a smoker?: Yes No

Occupation:

Address:
 Postcode:

Telephone numbers: (inc. area code) Daytime: Evening: Mobile:

E-mail address:

Are you to be included in the cover under this Policy Yes No

About your family

Please insert details of your partner and any unmarried children you want to include in the policy. Children to be included must be under age 21 (or age 25 if in full time education). If there is insufficient room here for all the dependants you wish to include, please provide details on the back page.

	Forename(s)	Surname	Date of Birth	Occupation	Smoker Y/N*
Partner					
Child 1					
Child 2					
Child 3					
Child 4					

About your General Practitioner

Name:

Address:
 Postcode:

Date of first registration with your General Practitioner:

If you have been registered with your GP for less than six months, please provide details of your previous GP.

About your existing Private Medical Insurance Cover

Do you have Private Medical Insurance at the moment? Yes No

If yes, who are the insurers?

Renewal date?

* Our definition of smoker is someone who smokes or has, within the last 3 years, smoked cigarettes, cigars, tobacco or a pipe.

The cover you require

A. IN-PATIENT COVER

Freedom level	Annual in-patient limit	Please tick (one box only)
Gold	£30,000	
Platinum	£50,000	
Diamond	£100,000	
Diamond Plus	No annual benefit limit	

B. OUT-PATIENT COVER (OPTIONAL)

If you choose to include this optional benefit, the annual limit of cover will depend on the level of in-patient cover selected, as follows:

In-patient level	Out-patient cover
Gold	£1,000
Platinum	£1,000
Diamond	£1,250
Diamond Plus*	No annual benefit limit

* Please note out-patient cover is automatically included for Diamond Plus policies

Do you want to include out-patient cover?

Yes

No

Your Diamond Plus cover can be upgraded to include the following:

- In-patient & out-patient cover
- A. Alternative therapies
- B. Psychiatric care
- C. Rehabilitation benefits

VOLUNTARY EXCESS

You can reduce your premiums by agreeing to a voluntary excess when you take out your policy. This will be in addition to the compulsory excess of £100 on each claim.

Do you want to accept a voluntary excess?

Yes

No

If yes, please indicate below the level you require.

Excess			Premium Reduction	Please tick (one box only)
Voluntary	Compulsory	Total	%	
£100	£100	£200	7.5%	
£250	£100	£350	12.5%	
£500	£100	£600	17.5%	
£1000	£100	£1100	25%	

Please note that the level of cover and any voluntary excess you select will be the same for all dependants included in your policy.

Premium quoted

£

When do you want your cover to start?

Note: Backdating of cover is not allowed.

Declaration

I/We hereby apply to be covered under the selected Freedom Health Insurance Your Choice Policy together with the dependants listed in this application.

I/We declare that the statements made on this application form and any additional information supplied as part of this application is full and accurate. Failure to take reasonable care in answering any questions may result in a claims being declined, your or any applicants underwriting terms being changed or the cover being cancelled.

I/We shall read the Policy documents when I receive them and agree that I, and any other dependants included in this application, will be bound exclusively by the terms and conditions of the Policy. This agreement shall constitute the entire agreement between the parties.

I/We understand and accept the information provided in the underwriting section of the Your Choice brochure.

I/We understand that this application is subject to acceptance by Freedom Health Insurance and the medical information provided may result in a Policy endorsements being applied or in some circumstances Freedom Health Insurance being unable to offer cover.

Proposers Signature:

Date:

D	D	M	M	Y	Y	Y	Y
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Name in capitals:

* This must be dated: a) prior to the start date of the policy b) not more than 30 days in advance of the start date.

Note: A specimen copy of the policy is available on request. You are advised to keep a record (including copies and letters) of all information supplied to Freedom Health Insurance. A copy of this application will be supplied to you on request within three months of completion. Completion of this form should not be construed as acceptance of risk by Freedom Health Insurance.

Use of personal information

Personal information given on this application form will be used to administer your insurance policy. This includes underwriting your policy to decide what cover we can offer, administering your policy and handling claims, and helping to detect and prevent fraud.

Personal information may be shared with third parties that help us administer your policy. We may also share personal information with regulatory bodies, medical professionals involved in your treatment, and any broker acting on your behalf.

The way we use personal information is explained in our Privacy Policy which is on our website at freedomhealthinsurance.co.uk/privacy-policy. Alternatively you can ask us for a copy.

Marketing choices

From time to time, we would like to tell you about products and services that may be of interest to you. If you would like to receive this information, please tick this box. You can unsubscribe at any time by contacting us at dataprotection@freedomhealthinsurance.co.uk.

(For office use only)

Agency name/number

Consultant Name

Where shall we send the documents?

Direct to client

Direct to you to forward

To you and your client

Methods of payment

- Annual Cheque Please attach the annual cheque payment
- Direct Debit - Monthly or Annually Please complete a separate direct debit mandate

2. Direct Debit

Monthly Annually

Instruction to your Bank / Building Society to pay by Direct Debit Freedom Health Insurance, Bourne Gate, 25 Bourne Valley Road, Poole BH12 1DY.

Please complete parts 1-5 to instruct your Bank / Building Society to make payments directly from your account.



1. Full postal address of your branch

To:

Address:

2. Bank Sort Code - -

3. Bank/Building Society No.

4. Name of Account Holder

5. Instruction to your Bank or Building Society

Please pay Freedom Health Insurance, Direct Debits from the account detailed in this instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this instruction may remain with Freedom Health Insurance and, if so, details will be passed electronically to my Bank/ Building Society.

Bank and Building Societies may not accept Direct Debit instructions for some types of accounts.

Signed:

Date:



The Direct Debit Guarantee



Banks and building societies may not accept Direct Debit Instructions for some types of account.

This Guarantee should be detached and retained by the payer.

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits
- If there are any changes to the amount, date or frequency of your Direct Debit Freedom Health Insurance will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Freedom Health Insurance to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Freedom Health Insurance or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society
– If you receive a refund you are not entitled to, you must pay it back when Freedom Health Insurance asks you to
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

Freedom Health and Freedom Health Insurance are trading names of Freedom Healthnet Limited.
Freedom Healthnet Limited is authorised and regulated by the Financial Conduct Authority with the registration number 312282.
Registered address: Bourne Gate, 25 Bourne Valley Road, Poole, BH12 1DY. Company registration number: 04815524.

