

# Addition of a baby application



- This is an application form to add your baby to the private medical insurance group policy within three months of birth.
- Group policies are underwritten by AXA PPP healthcare Limited (“AXA PPP”).
- The Permanent Health Company Limited (“PHC/we/us”) administers group policies on behalf of AXA PPP.
- Please take care to provide **accurate and complete** answers to all questions for all members who are to be insured under this plan.

## Section 1: Group details

Group name:  (the Group)

## Section 2: Member details (lead member)

Member name:  (“you/your”) Policy No:

## Section 3: Baby's details

Name: <input type="text"/>	Date of birth: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: <input type="text"/>	Date of birth: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Name: <input type="text"/>	Date of birth: <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female

## Section 4: Medical history

### Please note:

- If a newborn child is being added within three months of birth, we have to consider the rule relating to this, would you therefore please tell us:  
**Was the child adopted or conceived through assisted conception?** Please tick Yes or No.  Yes  No  
**If neither of the boxes above are ticked this form will be returned to you for completion.  
If your answer is ‘Yes’, please complete the sections 1, 2 and 3 on the following page.**
- If for any reason you do not answer a question on the following page we shall take that as meaning that you have nothing to disclose or that the answer is ‘No’.
- You will not be able to claim benefits for any medical condition which was already existing or foreseeable at the date of joining unless such medical condition has been declared to and accepted by PHC.
- Failure to notify PHC of a medical condition may result in claims for benefit being refused. If you are in any doubt you should disclose the medical condition. (If you do not have any medical conditions to disclose please ensure that you tick the relevant boxes.)

### No medical history is required if your answer is ‘No’.

If your answer is No the child will be added to your policy from his/her date of birth on a medical history disregarded basis (please see Handbook for details).

**Please note:** You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application form please let us know within three months.

## Section 4: Medical history (continued)

1. Has your baby been seen by a specialist, been admitted to hospital or suffered from an intermittent or recurring illness?

Yes  No Please tick Yes or No. If 'Yes' please complete the following:

Name of patient	Nature of illness/disability and treatment received	Period of disability/treatment Duration		Present state of health in this respect
		Month/year	Month/year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>

2. Has your baby any medical condition, disability or health problem, whether or not a doctor has been consulted, for example, digestive irregularities, skin problems or trouble with heart, limbs, eyes, nervous systems etc, that you haven't mentioned above?

Yes  No Please tick Yes or No. If 'Yes' please complete the following:

Name of patient	Nature of illness/disability and treatment received	Period of disability/treatment Duration		Present state of health in this respect
		Month/year	Month/year	
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	to <input type="text"/>	<input type="text"/>

3. Has your baby been seen by a general practitioner (GP), other than the standard six week check, prior to this application?

Yes  No Please tick Yes or No. If 'Yes' please complete the following:

Name of patient	Nature of illness/disability and treatment received	Month and year of visit(s)	Present state of health in this respect
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

GP's name:  GP's tel number:

GP's address:

Postcode:

## Section 5: Privacy notice

### To be completed by the member

#### Privacy Notice

##### Your and Your Dependants' Personal Information

Your policy is underwritten by AXA PPP healthcare Limited and administered by PHC. This is a summary of our respective Privacy Policies. Please make sure that you and your dependants' read the summary of our respective Privacy Policies in their membership handbook. You can find the full data privacy policies on our websites. If you would like a copy of the full policy please call us on **01923 770 000** and we'll send you one.

We will only use your and your dependants' information in ways we are allowed to by law, which includes only collecting as much information as we need. We will gain the relevant person's consent to process information such as their medical information when it's necessary to do so. We want to reassure you AXA PPP never sells personal member information to third parties.

We collect information about you and your dependants who are covered by this plan from you, your dependants, your healthcare providers, your employer, your insurance broker if you have one and third party suppliers of information, such as credit reference agencies.

We process your and your dependants' information mainly for managing your membership and your claims, including investigating fraud. We also have a legal obligation to do things such as report suspected crime to law enforcement agencies. We also do some processing because it helps us run our business, such as research, finding out more about you and statistical analysis for example to help us decide on premiums.

We may disclose your and your dependants' information to other people or organisations. For example, we'll do this to:

- manage their claims, eg to deal with your doctors;
- manage your policy with your insurance broker; and
- help us prevent and detect crime and medical malpractice by talking to other insurers and relevant agencies.

In order to be able to manage your policy we may access your and your dependants' information from countries anywhere in the world including India and the USA where some administration is undertaken and Switzerland where AXA has a European data centre. For these purposes, we may also perform an international transfer of your and your dependants' data. Before doing so we will ensure that your and your dependants' data is protected and disclosed only to authorised individuals solely for servicing your policy or a claim.

In some cases you and your dependants have the right to ask us to stop processing your information, but if you do we may not be able to process your claims or manage your plan properly.

#### Please note:

It is essential that complete information is supplied. If you don't take reasonable care and the information you give us is inaccurate or incomplete then we may take one or more of the following actions:

- cancel your plan;
- declare your membership void (treating your plan as if it had never existed);
- change the terms of your plan; or
- refuse to deal with all or part of any claim or reduce the amount of any claim payments.

We may ask you to provide further information and/or documentation to make sure that the information you gave us when taking out, making changes to or renewing your plan was accurate and complete.

Please do not assume that we'll carry out any searches or contact any other person to check any of the information to the answers to any of the questions on this application form or any of the information provided in response to these questions. It remains your responsibility to complete the application form and check that the information within it is accurate and complete.

If you are in any doubt as to whether any facts are material, you should disclose them. You should keep a record of all information you supply in connection with this application.

## Section 6: Declaration to the underwriters

### Declaration

- You confirm that all statements made in this application are true and complete to the best of your knowledge and belief.
- You understand that they will form the basis of the proposed contract between the Group and AXA PPP, the underwriter, based upon the terms and conditions of HealthCover4life (which are available on request).
- You declare that you have the consent of all other persons to be included on this application to disclose their personal data in order to process this application and you have personally confirmed with family members that the information regarding them, and in particular their medical history, is complete and correct.
- You understand that if anyone to be included on the application experiences a change in the state of their health before the policy starts, you must inform PHC immediately.
- You understand it is your responsibility to ensure all people to be included on the policy have read and understood the contents of this form.
- You understand that illnesses, conditions or injuries which arose before the date of acceptance by PHC of this policy will not be covered unless those illnesses, conditions or injuries have been disclosed on this form (or subsequently disclosed) and AXA PPP, the underwriter, has agreed to cover them.
- You have read and understood the privacy notice statement above and have shown this to the other family members to be covered on this policy.

Member signature:

Date:

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