

# Full Medical Underwriting Application Form

Please read before completing this application form:

My PMI is designed to meet the demands and needs of those who wish to have access to faster diagnosis and/or treatment of acute medical conditions, which occur after the start of the policy, via private healthcare services.

Its four levels are designed to meet the needs of those who wish to have access to out-patient only (Level 1), chiefly in-patient (Level 2), or both out-patient and in-patient treatment (Levels 3 and 4). This application might be suitable for someone who wants clarity on whether a pre-existing medical condition will be covered under the new policy.

You must take reasonable care to ensure information provided to us is accurate, clear and not misleading. If you do not we may decide to treat any policy you applied for on this application as if it had not existed and refuse all claims under it or apply an exclusion for a particular medical condition on your policy.

If you currently have private medical insurance in place you should consider any difference in cover carefully before deciding whether to accept the new terms.

Once you have read the Policy Summary for the policy you are applying for, you can apply by:

Completing an application online at [www.nationalfriendly.co.uk/private-medical-insurance](http://www.nationalfriendly.co.uk/private-medical-insurance)

Completing this application form and:

- > posting it to National Friendly, 11-12 Queen Square, Bristol BS1 4NT
- > scanning and emailing it to [info@nationalfriendly.co.uk](mailto:info@nationalfriendly.co.uk)

Completing an application over the phone by calling us on 0333 014 6244. Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes.

Lines are open 8am-6pm weekdays. Calls are recorded for training and quality purposes.

If you have any questions about applying for cover, please call us or your healthcare intermediary.

## INTERMEDIARY USE ONLY

Company

Firm reference no. (FRN)

Agent name

Advised sale

Yes  No

## 1 Policyholder details

Title	Full name
Address	
Postcode	
Contact tel.*	Email*

Date of birth  Gender at Birth Male  Female

If the policyholder has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

## 2 Second covered adult details (if applicable)

Title	Full name
Address (if different from policyholder)	
Postcode	
Contact tel.	Email

Date of birth  Gender at Birth Male  Female

Relationship to policyholder
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If the applicant has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

## 3 Covered child(ren) details

Title	Full name
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Date of birth  Gender at Birth Male  Female

Title	Full name
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Date of birth  Gender at Birth Male  Female

Title	Full name
-------	-----------

Date of birth  Gender at Birth Male  Female

Title	Full name
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Date of birth  Gender at Birth Male  Female

Title	Full name
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Date of birth  Gender at Birth Male  Female

Title	Full name
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Date of birth  Gender at Birth Male  Female

## 4 Payer details (if different from the policyholder)

Title	Full name
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Address
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Postcode
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Contact tel.	Email
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Date of birth

If the payer has lived at this address for less than three years, please provide previous address details on a separate sheet of paper.

## 5 Your choice of policy

Please let us know which policy you are applying for. You can ONLY apply for one policy on this form.

I am applying for: Level 1  Level 2  Level 3  Level 4

Please select your excess option (please tick one box only):

No excess  £100  £250  £500  £1,000

## 6 Your choice of hospitals option

Please select your hospitals option. You might wish to refer to any quotation you have been given.

Please tick one box only:

Guided hospitals option  Standard hospitals option  Extended hospitals option

## 7 Your choice of Out-patient cover limit

To be completed for Levels 1 and 3 only.

Please select your annual cover limit which will apply to each person covered on the policy. You might wish to refer to any quotation you have been given.

Please tick one box only:

£2,000  £5,000

## 8 Data protection and confidentiality

### Data protection

By submitting this application form (and in any subsequent dealings, which may include telephone calls) National Deposit Friendly Society Limited will hold and use your personal data. We will only hold and process your information where permitted by and in accordance with the Data Protection Act 2018. For further details on how we hold and process your personal data, please see our Privacy notice which is available to view at: [www.nationalfriendly.co.uk/privacy](http://www.nationalfriendly.co.uk/privacy)

If you would like to receive a copy of the Privacy Notice, please call us on: **0333 014 6244**

Or write to us at: **National Friendly, 11/12 Queen Square, Bristol BS1 4NT**

You are responsible for making sure you provide us with accurate and up-to-date information. Please inform us when your personal information changes. If you provide information for or about another person in the context of your dealing with National Friendly, you will need to tell them how to find the Privacy Notice and make sure they agree to us using their information for the purposes set out in it.

### Marketing Preferences

National Friendly will never sell your personal data to any third parties. We would, however, like to keep you up to date with Society news, offers, competitions and other products and services that we offer. Please let us know how you'd like to be contacted below.

I agree to National Friendly contacting me by:

Email:  Telephone:  Text/SMS:  Post:

You can update your marketing preferences easily at any time by phone, email, in writing or online at [www.nationalfriendly.co.uk/staytogether](http://www.nationalfriendly.co.uk/staytogether)

## 9 Health questionnaire

Has the policyholder or anyone else to be covered on the policy been aware of, had any signs or medical symptoms of, or undergone consultations, investigations, medication, monitoring, advice or treatment for any of the following in the last five years? You should answer all questions honestly.

Heart and circulatory problems Yes  No

e.g. heart disease, heart attack, angina, high/low blood pressure, embolisms/thrombosis, stroke, murmur, irregular heartbeat, poor circulation, chest pains, varicose veins/venous ulcers, haemorrhoids (piles).

Cancer Yes  No

e.g. breast cancer, lung cancer, bowel cancer, tumours, leukaemia, melanomas (skin cancers), lymphomas, Hodgkin's disease.

Respiratory problems Yes  No

e.g. shortness of breath, asthma, bronchitis, pneumonia, emphysema, tuberculosis, respiratory tract disorders.

Bone, joint and muscular problems Yes  No

e.g. fracture, strain, joint pain, arthritis/rheumatism, backache, sciatica, gout, disc problem, bunions, tennis elbow, frozen shoulder, ligament or cartilage problems.

Abdominal and digestive problems Yes  No

e.g. irritable bowel syndrome, Crohn's, colitis, gallstones, stomach ulcer, rectal bleeding, appendicitis, indigestion, liver problems, diarrhoea or change in bowel habit, hernia.

Genito-urinary problems Yes  No

e.g. kidney stones/infections, cystitis, urgency or frequency of urination, prostate/bladder problems, urethritis, penis/testicular problems, prolapse.

Eye disorders Yes  No

e.g. cataract, glaucoma, reducing vision, detached retina.

Gynaecological and breast problems Yes  No

e.g. heavy or irregular periods, fibroids, ovarian cysts, abnormal smears, endometriosis, menopausal symptoms, breast lumps/cysts.

Ear, nose and throat problems Yes  No

e.g. glue ear infections, hearing difficulties, throat/tonsil infections, adenoid problems, blocked nose, snoring, sinusitis, allergies.

Neurological and mental health disorders Yes  No

e.g. epilepsy, Parkinson's disease, headaches, migraine, paralysis, multiple sclerosis, depression, anxiety, stress, phobias, eating/compulsive disorders, myalgic encephalomyelitis (ME), schizophrenia, psychosis.

Glandular, endocrine and blood disorders Yes  No

e.g. diabetes, thyroid problems, hormonal problems, overweight/obesity, anaemia, raised cholesterol, factor deficiencies.

Dermatological conditions Yes  No

e.g. eczema, dermatitis, skin cysts or lumps, psoriasis, unusual moles, hair disorders, toe or finger nail disorders.

Any other medical conditions or injuries Yes  No

e.g. congenital growth or development, wisdom teeth, sleep disturbance, pregnancy or childbirth complications, unexplained fatigue or pain, fainting or dizziness.

If the answer is 'Yes' to any of these questions, please give full details overleaf. Please note the examples provided are not a complete list – you should tell us about all medical conditions or symptoms even if they are not listed above.

1. Has anyone to be covered on the policy consulted a doctor or specialist, or undergone any treatment (including drugs and medications) in the past five years for any condition not mentioned above? Yes  No

2. Has anyone to be covered been admitted to hospital in the past five years for tests, scans or operations? Yes  No

3. Has anyone to be covered had any application for health insurance declined or had special terms or exclusions applied? Yes  No

## 9 Health questionnaire (continued)

If you answered 'Yes' to any of the questions on the previous page, please give full details of your condition(s)/symptom(s) below.

Name
Condition/symptom
When did the symptom begin/end?
Investigations/treatment (including medication)
When did the policyholder last consult a doctor or health professional about this condition?
Present state of health/details of ongoing treatment. Please also indicate treatment end date where known.

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Name
Condition/symptom
When did the symptom begin/end?
Investigations/treatment (including medication)
When did the policyholder last consult a doctor or health professional about this condition?
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Name
Condition/symptom
When did the symptom begin/end?
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When did the policyholder last consult a doctor or health professional about this condition?
Present state of health/details of ongoing treatment. Please also indicate treatment end date where known.

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Please enclose extra pages if you need more room to write. Number of extra pages

## 10 Declaration

If you do not understand any point please ask for further information before signing.

The Policy Summary, Policy Schedule and the Policy Conditions documents will form the basis of the contract for the policy. The Policy document will be sent to you once your application has been accepted with the schedule and Policy Conditions and you will then have 30 days in which you can change your mind if you wish.

I would like to apply for a My PMI Policy and declare that:

- I am aware that this application is subject to written acceptance by National Friendly.
- I have completed the health questionnaire on this application accurately and fully to the best of my knowledge.
- I accept that this application will be underwritten and that National Friendly may apply exclusions. I can choose whether to accept the terms of cover available.
- I will let National Friendly know of any changes to the information supplied on this application prior to the new policy starting.
- I accept that if I have not taken reasonable care to ensure information provided is accurate, clear and not misleading, or if I have not notified National Friendly of any changes to this information before cover starts, that National Friendly could:
  - treat the policy applied for on this application as if it did not exist and refuse all claims under it; or
  - apply an exclusion for a particular medical condition.
- I accept that the guided hospitals, standard hospitals option and extended hospitals option for treatment will only be available depending on my selection in Section 6 and my selection will determine the premium I pay.
- If I am applying for a Level One or Level Three policy, I accept that the cover limit option will only be available depending on my selection in Section 7 and my selection will determine whether I pay a standard premium or increased premium.
- I understand my premium will be confirmed on my Policy Schedule.
- Where appropriate: I will act as the main correspondent, where a covered child is under 18.
- The policyholder and anyone else to be covered is/are prepared to attend a medical examination paid for by National Friendly if requested.
- You accept that National Friendly may contact the policyholder's GP, any other covered persons GP and/or any medical treatment provider to obtain access to medical records should it be necessary to verify medical details in relation to any claims made.
- You accept that if the Policyholder or other covered persons has insurance with another provider for private medical insurance or health cash plan, you must tell National Friendly before making a claim and agree for National Friendly to contact the other provider. The total claimed for both National Friendly and the other provider must not exceed the total eligible cost incurred and neither are liable to pay more than their proportionate share of the claim.
- I confirm that if this application has been completed by someone else, it was done so at my request.
- I agree that if this application is accepted the new policy will begin on a date agreed by National Friendly and me.
- I agree to National Deposit Friendly Society Limited processing my personal information as detailed in the PMI Privacy notice provided as part of the welcome pack.
- I accept that National Friendly may undertake a search with Experian for the purposes of verifying my identity. To do so Experian may check the details I supply against any particulars on any database (public or otherwise) to which they have access. They may also use my details in the future to assist other companies for verification purposes. A record of the search will be retained.

Policyholder's signature

Date

D	D	M	M	Y	Y	Y	Y
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Please ensure the payer completes the Direct Debit form overleaf.

We will send your welcome pack of policy documents by email. Please make sure you have included your email address on this application. If you would prefer the pack to be sent through the post, please tick here:

# 11 Instruction to your bank or building society to pay by Direct Debit



## Instruction to your bank or building society to pay by Direct Debit

Please fill in the whole form using a pen and send to:

National Friendly  
 11-12 Queen Square  
 Bristol  
 BS1 4NT

Service user number

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FOR NATIONAL DEPOSIT FRIENDLY SOCIETY LTD OFFICIAL USE ONLY  
 This is not part of the instruction to your bank or building society

Name(s) of account holder(s)

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Bank/building society account number

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Branch sort code

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Name and full postal address of your bank or building society

To: The Manager Bank/Building Society  
 Address  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Postcode  
 \_\_\_\_\_

Reference

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Instruction to your bank or building society  
 Please pay National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd and, if so, details will be passed electronically to my bank/building society.

Signature(s)

\_\_\_\_\_

Date

\_\_\_\_\_

DD17



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.





### The Direct Debit Guarantee


- 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 National Deposit Friendly Society Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd 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 National Deposit Friendly Society Ltd 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.




## Contact us

 **For general enquiries call us on**  
0333 014 6244

 **Or visit us at:**  
[www.nationalfriendly.co.uk](http://www.nationalfriendly.co.uk)

 **Or email us on**  
[info@nationalfriendly.co.uk](mailto:info@nationalfriendly.co.uk)

 **Or mail us at:**  
11-12 Queen Square,  
Bristol BS1 4NT

Calls from UK landlines and mobiles cost no more than a call to an 01 or 02 number and will count towards any inclusive minutes. Lines are open 8am-6pm, Monday to Friday excluding bank holidays. Calls are recorded for training and quality purposes.

For information on setting up this policy, to request a copy in Braille, large print, or audio, or to make a claim, please call the general enquiries number above.

National Friendly is a trading name of National Deposit Friendly Society Limited. Registered office: 11-12 Queen Square, Bristol BS1 4NT. Registered in England and Wales no. 369F. National Deposit Friendly Society Limited is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Our Financial Services Register number is 110008. You can check this at: <https://register.fca.org.uk>. National Deposit Friendly Society Limited is covered by the Financial Services Compensation Scheme and Financial Ombudsman Service.