The Exeter
Health & Life insurance

Health+
Data capture form

Important – who is eligible for Health+?

- The main applicant and partner, if applicable, must be aged between 18 and 79 inclusive at the start date and reside at the same address
- Children under 21, or under 25 and still in full time education, may be included on the policy
- All applicants must have the legal right to reside in the United Kingdom for the entire duration of the policy, must physically reside in the UK for at least 183 days during each policy year and have the UK as their primary place of residence.
- All applicants must be registered with a UK General Practitioner (GP) with access to full medical records in English and remain eligible for free treatment under the NHS.

Applying for Health+

The purpose of this form is to capture information, you must apply for Health+ online via our website, **the-exeter.com**, or the adviser portal.

A. Main applicant details

Title _____ First Name _____ Surname _____

Address _____

_____

Postcode _____

Date of birth _____ Gender _____

Have you smoked or used nicotine replacement products in the last 12 months? ☐ yes ☐ no

Home tel: _____ Work tel: _____ Mobile tel: _____

Email _____

B. Partner & children details

Note: Complete only if there are other people to be covered by this policy.

Partner

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Have you smoked or used nicotine replacement products in the last 12 months? ☐ yes ☐ no

Home tel: _____ Work tel: _____ Mobile tel: _____

Email _____

Children

Note: For additional children please use the notes section at the back of this document.

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:
Have you smoked or used nicotine replacement products in the last 12 months? ☐ yes ☐ no

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:
Have you smoked or used nicotine replacement products in the last 12 months? ☐ yes ☐ no

Title _____ First Name _____ Surname _____

Date of birth _____ Gender _____

Children aged 18 and over:
Have you smoked or used nicotine replacement products in the last 12 months? ☐ yes ☐ no

C. Product & cover options

Health+

Health+ is a flexible health insurance product that lets you tailor cover to suit your requirements and budget. Your core cover and options to personalise your cover are shown below. To ensure this plan meets your demands and needs and that you understand what is and isn't covered, please ensure you have read the **Health+** Insurance Product Information Document and the **Health+** Policy Document, which are available to download on our website, **the-exeter.com**

Core cover — Included as standard. Covers you for consultations and diagnostic tests as an in-patient or day-patient and treatment and consultations for diagnosed cancer, among many other benefits.

Benefit add-ons

Out-patient cover ☐ No cover ☐ £500 ☐ £1000 ☐ Unlimited

Unlimited out-patient diagnostics ☐ No cover ☐ Unlimited

Note – unlimited out-patient diagnostics can only be selected if you choose £500 or £1,000 out-patient cover.

Therapies cover ☐ No cover ☐ £500 ☐ £1000 ☐ Unlimited

Mental health ☐ No cover ☐ Unlimited

Policy choices

Protected No Claims Discount ☐ No ☐ Yes

Note - If you are switching to us from another insurer, this option can only be selected if all applicants have not made a claim in the last five years.

Excess ☐ £0 ☐ £100 ☐ £250 ☐ £500 ☐ £1000 ☐ £3000 ☐ £5000

Treatment option ☐ Guided specialist ☐ Essential hospital list ☐ Standard hospital list ☐ Extended hospital list

D. Policy start date

On acceptance of your application ☐ Or on this date _____ (up to one month in advance)

E. Underwriting options

Note: This section details our four underwriting options.
Please select your underwriting option and go to the relevant page.

Full medical underwriting (see page 5)
With this option you will need to complete a full medical declaration for you and any family members. Any pre-existing conditions will be excluded unless we agree to accept them.

Standard moratorium (see page 10)
With this option you won't need to provide information about your medical history with your application. For the first two years of your membership, we won't cover any medical conditions for which you've had symptoms, medication, treatment and advice in the last five years before joining us. However, as long as there has been a clear two-year period after the start of your policy during which you have been free of symptoms, medication, treatment and advice in connection with that condition, you'll be covered for it in the future.

Continued personal medical exclusions (see page 11)
This option is available if you have an existing health insurance policy and your current cover is on a Full Medical Underwriting or Continued Personal Medical Exclusions basis. We will transfer any personal exclusions from your existing policy and we may apply additional medical exclusions.

You must supply a copy of your current insurance certificate showing details of any personal exclusions.

Continued moratorium (see page 13)
This option is available if you have an existing health insurance policy and your current cover is on a moratorium basis.
We will apply our moratorium wording with effect from the start date on your existing policy. This means that pre-existing conditions may be covered by us if you have been free of symptoms, medication, treatment and advice in connection with them for a two-year period. We may apply additional medical exclusions for relevant conditions.

You must supply a copy of your current insurance certificate showing the original moratorium start date.

Please note, claim assessment times may vary based on your underwriting option, as further medical information may be required.

Full medical underwriting (optional)

Note: If you select full medical underwriting, complete pages 5 – 10.
Our other underwriting options are shown on pages 10 – 14.

The Exeter will not pay benefit for the treatment of any symptoms, illnesses, injuries or conditions which were foreseeable, or that start before the date the policy commences, unless these have been fully disclosed in this application (or subsequently disclosed) and are accepted by The Exeter. Any eligible medical conditions starting after the policy begins will be covered immediately.

It is your responsibility to ensure that all relevant facts are disclosed and we recommend you contact your doctor if you are unsure about any of the following details. Our underwriters will not automatically approach your GP or specialist for additional medical information therefore you must ensure that all questions are answered fully and accurately. If you are unsure whether or not any details are relevant, you should include them.

Note: The following questions apply to all applicants (adults and children).
Please ensure you answer yes or no to every question.

We don't need you to tell us about a normal result or if you're waiting for a result from a national cancer screening programme such as breast cancer, bowel cancer or cervical cancer (smear test) screening, or if you've had a normal result from cancer screening due to family history.

You must tell us if you've had an abnormal result from a national cancer screening programme, such as breast cancer, bowel cancer or cervical cancer (smear test) screening or if you've had an abnormal result from screening due to family history.

Have you or anyone to be covered under this policy ever had any of the following:

1. Diabetes, pre-diabetes or sugar in the urine? ☐ yes ☐ no

2. A malignant condition such as tumour/cancer? ☐ yes ☐ no

3. Heart problems e.g. any arterial or cardiac surgery, chest pains, angina or irregular heartbeat? ☐ yes ☐ no

4. Stroke or transient ischaemic attack (TIA)? ☐ yes ☐ no

5. Circulation problems such as peripheral vascular disease, claudication or varicose veins? ☐ yes ☐ no

6. Surgery as a result of a bone or joint condition? ☐ yes ☐ no

7. HIV, hepatitis B or C? ☐ yes ☐ no

8. Multiple Sclerosis or Epilepsy? ☐ yes ☐ no

9. Stomach, intestine, liver, gall bladder or bowel disorders e.g. Crohn's disease, ulcerative colitis etc? ☐ yes ☐ no

10. Only answer if you've chosen the mental health benefit add-on:
Any mental health issue which has required a specialist, psychiatric or hospital referral, or inpatient stay? ☐ yes ☐ no

In the last five years have you or anyone to be covered by the policy had:

11. Migraines? ☐ yes ☐ no

12. Nerve pain, muscle, bone or joint conditions
e.g. fractures, neck, hip, knee, back, tendon, cartilage or ligament problems? ☐ yes ☐ no

13. High blood pressure or high cholesterol? ☐ yes ☐ no

14. Any disease of the kidney, bladder or urinary system? ☐ yes ☐ no

15. Asthma, bronchitis or any other lung or respiratory problems? ☐ yes ☐ no

16. Any disease or disorder of the skin
e.g. psoriasis, eczema, skin cancers or dermatitis? ☐ yes ☐ no

17. Any disease or disorder of the eyes, ears, nose or throat? ☐ yes ☐ no

18. Any glandular disorders e.g. thyroid, hormonal problems? ☐ yes ☐ no

19. Any blood disorders e.g. abnormal blood tests, anaemia? ☐ yes ☐ no

20. Hernia e.g. umbilical hernia, inguinal hernia, hiatus hernia? ☐ yes ☐ no

21. Only answer if you've chosen the mental health benefit add-on:
Anxiety, depression, stress or any other mental health issues
(including but not limited to work stress, low mood, depression). ☐ yes ☐ no

Females only:
22. Any gynaecological disorder or breast problem? ☐ yes ☐ no

Males only:
23. Any prostate conditions (including raised PSA test)? ☐ yes ☐ no

Have you or anyone to be covered under the policy ever had:
24. Any medical conditions or symptoms for which you are receiving treatment, seeing a doctor or other health professional, or for which check-ups,investigations or treatment are considered necessary or advisable? ☐ yes ☐ no

In the past year have you or anyone to be covered under the policy:
25. Taken or been advised to take any medicines or drugs or any other type of treatment? ☐ yes ☐ no

Note: If you have answered 'yes' to any of questions 3-24, please complete the 'Detailed medical history' below. If you answered 'yes' to question 25, please also complete 'Current medication' on page 9.

Detailed medical history

Note: If you require more space please use the notes section at the back of this document.

Please answer the following supplementary questions as fully as possible. If you wish to provide additional medical documents (e.g. a doctor's report) you may attach this to your application, but please be aware that any such documents do not take the place of a fully completed medical declaration.

Question number from 3–24 _____

To whom does this relate? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Question number from 3–24 _____

To whom does this relate? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Question number from 3–24 _____

To whom does this relate? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Current medication

Note: If you answered 'yes' to question 25.
If you require more space please use the notes section at the back of this document.

Who is the medication for? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

☐ Prescribed ☐ Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

☐ Prescribed ☐ Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

☐ Prescribed ☐ Self Prescribed

Name of medication, dosage and frequency

Who is the medication for? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

☐ Prescribed ☐ Self Prescribed

Name of medication, dosage and frequency

Standard moratorium (optional)

Under this option, benefits will not be available for treatment of any condition suffered by an applicant if:

- the applicant had symptoms, medication, treatment or advice in connection with that condition in the five years before the start of their policy

  and

- there has not been a clear two year period after the start of their policy during which the applicant has been free of symptoms, medication, treatment and advice in connection with that condition.

Important - If any applicant makes a claim, we may request up to five years of medical records in English to determine whether the condition was pre-existing or not, or whether there have been two clear years free of the condition. If this cannot be provided, we may not be able to pay a claim.

If you would like to choose this underwriting option, please tick the box. ☐

Continued personal medical exclusions (optional)

About your previous claims (this information is used to calculate your NCD level)
Please tell us about your recent claims so we can provide an accurate quote. You don't need to tell us about the following conditions or procedures providing a full recovery has been made and no further consultations, investigations or treatment is planned or recommended:

- GP referred Physiotherapy, Osteopathy or Chiropractic treatment
- Claims for Dental or Optical treatment
- Claims for NHS cash benefit.

	How many years of continuous cover? (1 year / 2 years / 3 years / 4 years / 5+ years)	**How many years claim free?** (Less than 1 year /1 year / 2 years / 3 years /4 years / 5+ years)	**Number of claims in the last five years?** (1 / 2 / 3+)
You			
Partner			
Child 1			
Child 2			
Child 3			

About your health

Now, please tell us about your medical history. This information will be used by our underwriters when assessing your application.

Note: We don't need you to tell us about a normal result or if you're waiting for a result, from a national cancer screening programme such as breast cancer, bowel cancer or cervical cancer (smear test) screening, or if you've had a normal result from cancer screening due to family history.

You must tell us if you've had an abnormal result from a national cancer screening programme, such as breast cancer, bowel cancer or cervical cancer (smear test) screening or if you've had an abnormal result from screening due to family history.

1. Does anyone to be covered have any consultations, investigations, or treatment planned or pending in the next 12 months (NHS or Private)? ☐ yes ☐ no

2. Has anyone to be covered had any consultations, investigations, symptoms (whether diagnosed or undiagnosed) or treatment in the last 12 months (NHS or Private)? ☐ yes ☐ no

Has anyone to be covered been treated for, diagnosed with, or advised that they have any of the following in the last five years?

3.	Heart condition?	☐ yes	☐ no
4.	Cancer?	☐ yes	☐ no
5.	Stroke or transient ischaemic attack (TIA)?	☐ yes	☐ no
6.	**Only answer if you've chosen the mental health benefit add-on:** Anxiety, depression, stress or any other mental health issues (including but not limited to work stress, low mood, depression)?	☐ yes	☐ no
7.	Joint replacement or joint resurfacing?	☐ yes	☐ no
8.	Diabetes or pre-diabetes?	☐ yes	☐ no

Note: For a definition of heart condition, cancer or diabetes please refer to the Definitions section on page 16.

If you have answered 'yes' to any questions from 1–8, please give details below.

If you require more space please use the notes section at the back of this document and attach any other medical information that may be helpful. If you are in any doubt regarding the information we require and how it will affect your application, please call **0300 123 3201** and ask to speak to our Underwriting Department.

Question number _____

To whom does this relate? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Continued moratorium (optional)

About your previous claims (this information is used to calculate your NCD level)

Please tell us about your recent claims so we can provide an accurate quote. You don't need to tell us about the following conditions or procedures providing a full recovery has been made and no further consultations, investigations or treatment is planned or recommended:

- GP referred Physiotherapy, Osteopathy or Chiropractic treatment
- Claims for Dental or Optical treatment
- Claims for NHS cash benefit.

	How many years of continuous cover? (1 year / 2 years / 3 years / 4 years / 5+ years)	**How many years claim free?** (Less than 1 year / 1 year / 2 years / 3 years / 4 years / 5+ years)	**Number of claims in the last five years?** (1 / 2 / 3+)
You			
Partner			
Child 1			
Child 2			
Child 3			

About your health

Now, please tell us about your medical history. This information will be used by our underwriters when assessing your applications.

Note: We don't need you to tell us about a normal result or if you're waiting for a result, from a national cancer screening programme such as breast cancer, bowel cancer or cervical cancer (smear test) screening, or if you've had a normal result from cancer screening due to family history.

You must tell us if you've had an abnormal result from a national cancer screening programme, such as breast cancer, bowel cancer or cervical cancer (smear test) screening or if you've had an abnormal result from screening due to family history.

1. Does anyone to be covered have any consultations, investigations, or treatment planned or pending in the next 12 months (NHS or Private)? ☐ yes ☐ no

2. Has anyone to be covered had any consultations, investigations, symptoms (whether diagnosed or undiagnosed) or treatment in the last 12 months (NHS or Private)? ☐ yes ☐ no

Has anyone to be covered been treated for, diagnosed with, or advised that they have any of the following in the last five years?

3.	Heart condition?	☐ yes	☐ no
4.	Cancer?	☐ yes	☐ no
5.	Stroke or transient ischaemic attack (TIA)?	☐ yes	☐ no
6.	Only answer if you've chosen the mental health benefit add-on: Anxiety, depression, stress or any other mental health issues (including but not limited to work stress, low mood, depression)?	☐ yes	☐ no
7.	Joint replacement or joint resurfacing?	☐ yes	☐ no
8.	Diabetes or pre-diabetes?	☐ yes	☐ no

Note: For a definition of heart condition, cancer or diabetes please refer to the Definitions section on page 16.

If you have answered 'yes' to any questions from 1–8, please give details below.

If you require more space please use the notes section at the back of this document and attach any other medical information that may be helpful. If you are in any doubt regarding the information we require and how it will affect your application, please call **0300 123 3201** and ask to speak to our Underwriting Department.

Question number _____

To whom does this relate? ☐ You ☐ Partner ☐ Child 1 ☐ Child 2 ☐ Child 3

What is/was the problem?

What investigation or treatment has been carried out or is proposed, including any follow up appointments? Please include dates:

Note: If we accept your application for continued moratorium underwriting, benefits will not be available for treatment of any condition suffered by an applicant if:

- the applicant had symptoms, medication, treatment or advice in connection with that condition in the five years before the start date on their existing policy, and
- there has not been a clear two year period after the start date of their existing policy during which the applicant has been free of symptoms, medication, treatment and advice in connection with that condition.

Important - If any applicant makes a claim, we may request up to five years of medical records in English to determine whether the condition was pre-existing or not, or whether there have been two clear years free of the condition. If this cannot be provided, we may not be able to pay a claim.

F. Data protection notice

For information on how we use and safeguard your personal information, please refer to our Privacy Policy. To find out more, go to our website **www.the-exeter.com/privacypolicy** or contact us and we will send you a copy.

G. ABI Guide

For information from the Association of British Insurers about buying private medical insurance, please contact us and we will send you a copy of their guide.

H. Access to Medical Reports Act 1988

To learn more about your rights under the Access to Medical Reports Act 1988, please contact us.

Definitions

Benefit
The amount we pay following a successful claim.

Cancer
A malignant tumour, tissues or cells, characterised by the uncontrolled growth and spread of malignant cells and invasion of tissue.

Child/children
Any child for whom you or your partner holds or has held the position of a legal guardian

Day-patient
A patient who is admitted to a hospital or day patient unit because they need a period of medically supervised recovery but does not occupy a bed overnight.

Diabetes
We use the term diabetes to refer to the condition of diabetes mellitus, which occurs due to insulin resistance or insulin deficiency and results in the body's inability to regulate blood glucose levels. We do not include the rarer, unrelated condition of diabetes Insipidus which is a disease of excessive urination not linked to blood sugar levels.

Excess
The amount which will be deducted from the eligible treatment costs for each member, each policy year.

Heart condition
A disorder of the heart that impairs its function. For illustration, the most common conditions falling into this definition are:

- Ischaemic heart disease (angina, heart attacks, coronary artery disease)
- Valvular heart disease (adult murmurs, valve narrowing or weakness)
- Congenital heart disease
- Arrhythmias (irregular heartbeat)
- Cardiomyopathy
- Left ventricular hypertrophy (LVH).

However, we do not include heart murmurs that were resolved in childhood or hypertension in this definition.

In-patient
A patient who is admitted to hospital and who occupies a bed overnight or longer, for medical reasons.

No Claims Discount
A premium structure where future premiums reflect the claims made by individual members. The No Claims Discount (NCD) scale has 15 levels and the maximum discount you can receive is 75%.

Out-patient
A patient who attends a hospital, consulting room or out-patient clinic and is not admitted as a day-patient or an in-patient.

Policy
Our contract of insurance with you.

Policyholder
Anyone named as a policyholder on the Policy Certificate and who can make changes to this policy.

Pre-existing condition

Any disease, illness or injury, for which:

- You have received medication, advice or treatment;

or

- You have experienced symptoms;

whether the condition has been diagnosed or not before the start of your cover.

Premium
The amount payable to us by the policyholder as detailed on the Policy Certificate.

Specialist
A healthcare professional to whom a member is referred by their General Practitioner (primary care physician) for secondary care. This person must be on the GMC Specialist Register or equivalent overseas and must be recognised by us.

Treatment
Surgical or medical services (including diagnostic tests) that are needed to diagnose, relieve or cure a disease, illness or injury.

United Kingdom (UK)
England, Scotland, Wales and Northern Ireland.

Notes