

Change of cover form



A. Your details

Names of everyone on the policy: _____

Policy number: _____

Renewal date: _____

Current policy details: _____

Underwriting option: _____

This form is to be used if you would like to increase the level of cover on your Health+ policy. You can do this by changing your cover options, hospital list, adding No Claims Discount protection or reducing the excess you're happy to pay – please circle the new choices you would like. Our underwriters will then review whether it's possible to make this change.

Any changes you make will apply to everyone on this policy.

Increases in cover can only be made at your annual renewal and if you are not currently claiming.

B. Cover Options

Options

Out-patient cover

£0 £500 £1,000 Unlimited

Unlimited out-patient diagnostics

Yes No

With this option, out-patient diagnostic tests are covered in full, and only specialist consultation fees are deducted from your chosen out-patient benefit limit.

Can only be selected if you choose £500 or £1,000 out-patient cover

Mental Health

Yes No

Therapies cover

£0 £500 £1,000 Unlimited

Hospital List

Essential Standard Extended Guided Specialist

Excess options

£0 £100 £250 £500

£1,000 £3,000 £5,000

No Claims Discount

Yes No

Protect your No Claims Discount

Yes No

This option only applies if you choose a No Claims Discount premium structure.

C. Underwriting options

We need to know about the recent medical history of everyone named on this policy before we can increase your cover. Please answer the questions only for the underwriting option you chose when you applied.

If you applied through Standard or Continued Moratorium underwriting:

Any questions that you answer 'Yes' to will be reviewed by our underwriters before offering cover.

Has anyone to be covered been treated for, diagnosed with, or advised that they have any of the following in the last 5 years?

Heart condition

Yes No

Cancer

Yes No

Stroke

Yes No

Mental health illness

Yes No

Joint replacement or joint resurfacing

Yes No

Diabetes

Yes No

If you applied through Full Medical Underwriting or Continued Personal Medical Exclusions:

Any questions that you answer 'Yes' to will be reviewed by our underwriters before offering cover.

Has anyone covered on your policy ever suffered from cancer?

Yes No

Is anyone covered on your policy waiting for, or have they undergone, any medical investigations, treatment or tests in the last 12 months?

Yes No

Within the last 6 months has anyone covered on your policy experienced any symptoms for which they intend to seek treatment or advice from a doctor or other health professional?

Yes No

If you have answered 'Yes' to any of these questions, give full details:

Nicotine Product Use

Please complete the section below for all policy holders:

Name

In the last year have you smoked or used
nicotine replacement products?

Yes No

Yes No

Yes No

Yes No

Declaration

I declare that, to the best of my knowledge and belief the answers and information that I have given are true, accurate and complete and that I have not withheld any information regarding the questions I have been asked. If after submitting the change of cover request and before new terms are issued there are any changes to my health, or the health of any included partner and children, I will notify The Exeter immediately.

Policyholder signature: _____

Date: _____

The legal blurb

The Exeter is a trading name of Exeter Friendly Society Limited, which is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority (Register number 205309) and is incorporated under the Friendly Societies Act 1992 Register No. 91F with its registered office at Lakeside House, Emperor Way, Exeter, England EX1 3FD.



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