T: 01481 728864
E: info@forestershealthcare.co.uk
Esplanade House, 29 Glategny Esplanade, St Peter Port, Guernsey, GY1 1WR
www.forestershealthcare.co.uk

Your Application

1. Please complete this form using **Black or Blue Ink** and write within the boxes using **CAPITAL LETTERS**
2. Please complete all details and answer all questions on this form

Section A - Your Details

Surname

First Name(s)

Title

Date of Birth

Are you a permanent resident of Guernsey / Alderney?

YES

If yes, how many years?

NO

If no, please give details

Occupation

Current health insurer

Name/Practice of your registered doctor

Guernsey Social Security number

Introduced by (if a personal recommendation)

Join to existing member or group (if applicable)

Section B - Contact Details

Home Phone Number / Daytime Work Phone Number

/

Email Address

Mobile Number

Address

Postcode

Section C - Cover

Please confirm the cover you wish to apply for

Primary Care Scheme

Mandatory Cover - basic level of cover for doctors & nurses consultations, blood tests, consultations at the Emergency Department and essential or emergency ambulance conveyance. For more information please see your brochure.

YES

Additional Benefits Scheme

Optional Add-on Scheme - Cover for other treatments such as minor operations, physiotherapy/osteopathy, allergy testing, ECG's and well person checks. For a full list of cover provided please see your brochure.

Do you require Additional Benefits cover?

Please tick the appropriate box **YES** **NO**

BRONZE **SILVER** **GOLD**

If yes, please tick the level you require

Section D - Your Medical History

1) Are you currently in good health?

YES

NO

If no, give details

2) Do you have any ongoing medical conditions?

YES

NO

If yes, give details

3) On average how many times you have utilised the following healthcare services per calendar year:

Consultations with a doctor (including home visits):

Blood Tests (with a doctor or nurse):

St John's Ambulance:

Consultations with a nurse (including home visits):

Consultations or treatment received at the Emergency Department:

4) Is the applicant pregnant?

YES	NO	If yes, how many weeks?

Section E - Payment Details

Indicate below how you would like to pay your premium to Foresters Healthcare.

Payment Type:

DIRECT DEBIT (MONTHLY) DIRECT DEBIT (ANNUAL) ACCOUNT (ANNUAL)

All direct debits are collected on the 27th of each month. Annual direct debits are collected in January.

Section F - Other Information

If there is any other information relevant to your application that you wish to disclose please state below.

Section G - Declaration

Please read carefully and sign below to confirm your understanding and acceptance of following terms and conditions;

The questions in this application must be answered fully and accurately to the best of your knowledge. You must disclose to the Society any material facts or circumstances that would influence the assessment and acceptance of your application. Failure to do so may cause your policy terms and/or premium rates to be amended after the acceptance of your application, or in extreme circumstances the policy to be declared void. Premiums are calculated based on an annual review and a standard rate is set for each year.

The Society reserves the right to charge a non-standard premium rate where applicants represent a non-standard risk based on their medical history. The Society also reserves the right to not accept into membership any applicant that represents an unacceptable risk.

By signing this form you consent to the Society seeking medical information from any Doctor who at any time has attended you concerning anything which affects your physical or mental health and you authorise the giving of such information. Any costs incurred in the gaining of this information is not payable by the Society. You also consent to the Society providing information to third party companies such as your doctor's surgery, Guernsey Social Services Department and the States of Guernsey Health and Social Care, also any information sought by relevant authorities in the case of a criminal investigation. Information and reports supplied by or to these parties are kept private and confidential and will only be provided to the applicant with prior permission from the party in question.

Signature

Print Name

Date

(To be signed by a parent or guardian where the applicant is under sixteen years of age)

OFFICE USE ONLY

Date Received

If you require any assistance please call us on 01481 728864.

Please **mail** your application to:

Foresters Healthcare, Esplanade House, 29 Glategny Esplanade, St Peter Port, Guernsey, GY1 1WR

or

email: info@forestershealthcare.co.uk