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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

Please indicate your Guernsey / Alderney residency status?

Permanent ☐ Work Permit / Short Term *(five years or less)* ☐ Visitor ☐

If you have indicated Work Permit / Short Term or Visitor, please give further details below

Occupation

Current Health Insurer (or previous if cancelled within 6 months)

Name & practice of your registered doctor

Guernsey Social Security Number

How did you hear about us?

If joining an existing family or corporate group, please give details

Section B - Contact Details

Phone Number

Mobile Number

Email Address

Address

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) Please indicate the average number of times you have utilized the following Primary Care medical services in the past 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 currently 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 this declaration and information carefully before signing and dating the completed form.

1) To the best of my knowledge and belief, the information given within this form is true, complete and accurate. I understand that Foresters Healthcare can adjust premiums, end a person's policy or refuse payment of a claim in full or part should there be reasonable evidence that I have not taken reasonable care when providing any information requested in this application.

2) Where this application provides information on behalf of any other person, I confirm that I have checked the information is correct prior to completing this application and that I have express agreement to submit this application on their behalf, or I am their legal representative.

3) I consent to Foresters Healthcare seeking medical information from any doctor or medical practitioner who at any time has attended me concerning anything which affects my physical or mental health and i authorize the giving of such information. I further consent to Foresters Healthcare providing information to third parties such as my doctors surgery, Guernsey Revenue Service and States of Guernsey Health and Social Care, also any information sought by relevant authorities in the case of criminal investion.

Premiums are calculated based on an annual review and a standard rate is set for each year.

Foresters Healthcare reserves the right to charge a non-standard premium rate where applicants represent a non-standard risk based on their application and medical history. Foresters Healthcare also reserves the right to not accept 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)

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