

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. Please enter N/A or Not Applicable on any fields that you are unable to answer, failure to complete a field may result in a delay or in us being unable to process your application.

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

Address

Mobile Number

Email 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 If no, give details

NO

2) Do you have any ongoing medical conditions?

YES If yes, give details

NO

3) Please indicate the average number of times you have utilized the following Primary Care medical services in the past twelve months

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.

Please be aware we are unable to accept direct debit payments from the following banks: Revolut, Monzo, Starling & Wise.

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 investigation.

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.

Should we require your medical information from a practitioner or relevant service provider any costs incurred in the gaining of this information is not payable by Foresters Healthcare. Information and reports supplied by or to the parties mentioned in this declaration are kept private and confidential and will only be provided to you with prior permission from the party in question.

Data Protection

Due to the nature of Foresters Healthcare business and you wanting to engage with us, we have to ensure that you give us consent to process and hold your data. Please tick the following box to confirm you have read and agree to our Data Protection Privacy Statement. Check the box is evidence that you give your affirmative consent. Our Privacy Statement can be found on our website or by using the link at the end of this form

I confirm that i have read and agree to the Data Protection Privacy Statement and freely give my consent

Tick above

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 **email** your application to **info@forestershealthcare.co.uk**
Alternatively please post to us at the address at the top of this form.

Our Privacy Statement can be found here: <https://www.forestershealthcare.co.uk/privacy-policy/>

Foresters Healthcare is an authorised trading name of Ancient Order of Foresters Friendly Society Court "Pride of Sarnia" 8143

Foresters Healthcare is licensed by the Guernsey Financial Services Commission