



# healthcare application

Application for Sportsperson

## Which cover would you like to apply for:

Sports

Sports Plus

Sports Elite

Club Reference No.

Club

Please complete this form answering any health questions fully.

Full Name: Dr / Mr / Mrs / Miss / Ms

Date of Birth:

Gender:

Home address:

Postcode

Telephone:

Email Address:

Mobile

## Hospital Option

First Choice

Freedom

Premium

Preferred Start Date

This section must be completed.

Do any of the individuals named, including yourself, have any medical conditions, are undergoing or about to undergo medical treatment, or have visited a GP during the last 60 months? Please include any conditions or symptoms for which a medical opinion has not been sought or any other relevant information.

## Medical Information

... continued overleaf

Please complete BOTH SIDES of this form and return to General & Medical. Full address overleaf.

# healthcare application

...continued from previous page.

## Declaration of consent (Optional):

I hereby give my consent to a representative of either: (please tick)  Club  Broker  Medical Professional

Details

Name:	Position:
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to manage all matters relating to my private healthcare and the processing of any claims.

I confirm that the statements made on this application are true and correct. I agree to inform General & Medical of any change to the information on this form. Falsifying or failure to disclose any relevant information on this application may disqualify any future medical claims. I declare that the persons named on this application are resident in the UK and have been registered with a NHS General Practitioner for a minimum of 24 months.

Signature

Date

Position

General & Medical reserve the right, based on the health information supplied on this form, to exclude those with adverse medical history or to exclude a specific condition or to impose an excess on claims.

## Please return the completed application form to:

Freepost RLUK-TEYE-UYRU, General & Medical Finance Plc, General & Medical House, Napier Place, Peterborough, PE2 6XN.

Start Date		Monthly Costs
Introducer		
Health Scheme		
Hospital Option		
Fixed Price		
Excess		Additional Information
D/Base Entry		
D/Base Check		
S/Sheet		
Scan		

Office Use

A-4011-V1.4