



AOC Insurance Broker

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...peace of mind for whatever is beyond your horizon

# Private Client Health Declaration

In order for à la carte healthcare to consider a transfer from your existing private medical insurance policy to the Prima Premier or Prima Classic on the same underwriting terms as your current plan, you must answer all of the following questions in respect of yourself and all other persons to be covered by this policy. Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have consent to do so. **Please attach to this declaration a copy of your current policy schedule detailing your current underwriting terms.**

Name of Policyholder

Address

Postcode

Details of all persons to be covered by this policy:

Name  Date of Birth

Name  Date of Birth

Name  Date of Birth

Name  Date of Birth

Name  Date of Birth

- 1 Neither you, nor anyone else to be insured under this policy has had treatment in hospital nor consulted a specialist in the last 12 months;
- 2 neither you, nor anyone else to be insured under this policy has any treatment, investigation or test planned or pending;
- 3 neither you, nor anyone else to be insured under this policy has had cancer in the last 5 years;
- 4 neither you, nor anyone else to be insured under this policy are currently awaiting treatment, investigations, check-ups or the results of investigations for cancer.

If the answer to any of the above is YES, please give full details on the reverse of this form.

I hereby declare to the best of my knowledge that the information provided is complete, true and accurate. I agree that this declaration will constitute part of my application and failure to disclose any material facts may result in the contract being void.

If you are in any doubt whether certain facts are material, these should be disclosed.

I have read the Data Protection Act 1998 as contained in the Application Form.

Signed:

Dated

Name:

(This form must be completed and signed by the Policyholder)

TERMS CANNOT BE CONFIRMED UNTIL THIS COMPLETED DECLARATION HAS BEEN RECEIVED AND ACCEPTED BY À LA CARTE HEALTHCARE LIMITED



Name	Medical condition, including current prognosis	Treatment, including dates, drugs and dosages

If there is insufficient space on this form please provide details on a separate sheet and attach it to this declaration.

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