

Terms and Conditions for Switch

The intention of our switch terms is to allow those with current or recent health insurance to transfer to CS Healthcare without applying any new personal exclusions from the previous policy. However, it is important to understand there are certain types of treatment and pre-existing medical conditions which may not qualify you under our Switch terms. These include stroke, cancer (including benign brain tumours) and joint replacement or spinal conditions. Our underwriters will review your application and confirm any personal exclusions that may apply before the start of your policy. **We strongly suggest you do not cancel your existing insurance until we have confirmed any personal exclusions which may apply to your policy.**

In order to qualify for our switch terms you, and any dependant on the policy, must satisfy the following conditions:

- Currently insured under a UK health insurance policy, or had a policy which **expired within 60 days of your requested policy start date with CS Healthcare**
- The maximum age for any applicant or dependants at the proposed start date of the policy is **69 years and 11 months**
- A copy of previous certificates of insurance for each dependant applying for switch terms must be provided to CS Healthcare. **Please note:** we will be unable to validate your cover or authorise any claims for benefit until we have received and reviewed your previous certificate of insurance. Additionally, if valid certificates are not received within 60 days of commencing your policy cover may be terminated by CS Healthcare.

It is possible for a switch policy to include a combination of dependants who have/have not had health insurance before, as long as the main applicant qualifies for switch. We will review the medical history of any dependants that have not had previous health insurance and confirm any personal exclusions that may apply. Please note, pre-existing conditions or symptoms whether diagnosed or not may not be included in the policy cover.

I accept all Switch terms and conditions

I agree that all applicants are 69 years and 11 months or under

'Switch' Proposal Form

Please complete this form using BLOCK CAPITALS. For assistance, please call your Broker/Agent/Adviser.

1. Applicant details

Title: _____ First Name(s): _____ Surname: _____

Gender: Male Female Date of birth (DD/MM/YYYY): _____

Home Address: _____

Post Code: _____

Daytime telephone: _____ Email: _____

Name of previous/current health insurer: _____

Previous insurer policy start date (DD/MM/YYYY): _____

Renewal/End of current policy (DD/MM/YYYY): _____

Requested CS Healthcare policy start date† (DD/MM/YYYY): _____

†Please note: your requested policy start date is conditional on us receiving all relevant application/medical information and is subject to change if your application takes more than 15 days to complete following the date of your initial application.

Qualifying Organisation/Department to be eligible to join CS Healthcare:

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2. Cover required

Please note all persons on the policy must be on the same level of cover and that 'Essential' cover is compulsory. Please tick all boxes that apply.

Cover options: Essential <input checked="" type="checkbox"/>	Expert Diagnostics <input type="checkbox"/>	Heart & Cancer <input type="checkbox"/>	Therapy & Care <input type="checkbox"/>	
Cash Benefits option: Level 1 <input type="checkbox"/>	Level 2 <input type="checkbox"/>	Level 3 <input type="checkbox"/>	Level 4 <input type="checkbox"/>	
Hospital band: Partnership <input type="checkbox"/>	Extended <input type="checkbox"/>			
Voluntary excess: Nil excess <input type="checkbox"/>	£100 <input type="checkbox"/>	£300 <input type="checkbox"/>	£500 <input type="checkbox"/>	£1,000 <input type="checkbox"/>
Co-payment option: <input type="checkbox"/>	You pay 15% of all approved claims for each insured person each policy year up to a maximum of £1,500 for each person			
NOTE: You cannot select an excess AND a co-payment. The voluntary excess and co-payment options do not apply to Therapy & Care or Cash Benefits option.				

3. Spouse/Partner/Dependant details (if covered is required)

To submit additional dependant information please provide details on a separate sheet.

				Previous Health Insurance?
Spouse/Partner	Title: _____	Name: _____	D.O.B: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Dependant 1	Title: _____	Name: _____	D.O.B: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Dependant 2	Title: _____	Name: _____	D.O.B: _____	Y <input type="checkbox"/> N <input type="checkbox"/>
Dependant 3	Title: _____	Name: _____	D.O.B: _____	Y <input type="checkbox"/> N <input type="checkbox"/>

4. Method of payment

Please complete the Direct Debit Instruction **OR** make cheques payable to CS Healthcare. If you wish to pay annually in advance by Debit or Credit Card please call your Agents/Broker or Advisers.

Monthly Direct Debit Annual Direct Debit Annual Cheque Annual Debit Card Annual Credit Card

5. General Practitioner (GP) details

Name of Doctor: _____ Surgery address: _____

Post code: _____

Telephone: _____ Fax: _____

GP details of Dependant – if different from applicant:

Name of dependant: _____

Name of Doctor: _____ Surgery address: _____

Post code: _____

Telephone: _____ Fax: _____

6. Your chosen method of underwriting

If you are switching from a Continued Personal Medical Exclusions (CPME) or Continued Moratorium (CM) health insurance policy you must select the same method of underwriting. **Please select provide your original Moratorium start date if you select CM.**

Continued Personal Medical Exclusion (CPME) (Please tick if applicable)

CPME is a method of underwriting where CS Healthcare may continue any personal medical exclusions applied by your previous insurer. This method is designed so that members may continue their insurance with no additional underwriting. Any disease, condition or symptoms of health which have arisen during your time with your previous insurer will be assessed to decide if there are any specific pre-existing conditions that are likely to need treatment in the future. We may exclude these conditions from cover and clearly show any personal exclusions on the Registration Certificate along with your policy documents. Personal exclusions may be reviewed at your request after 2 years of membership or earlier if indicated on your Registration Certificate. It is important to understand that some medical conditions may never be reviewed if they require long-term and continuous care. Any new, unexpected eligible conditions arising after the start of your membership will be covered immediately, subject to the policy rules.

Continued Moratorium (CM) (Please tick if applicable)

This option is designed to continue the date the original Moratorium period became effective provided no symptoms have occurred or that no treatment, medication or advice has been received during this period.

Please be aware that Continued Moratorium is subject to our underwriting rules therefore any pre-existing conditions that occurred during the last five years prior to the original moratorium start date will be excluded from cover for that condition for a continuous period of two years. After this period the condition will become eligible for benefit subject to the policy rules.

In order to authorise treatment each time, your GP will be required to submit a copy of the referral letter so that CS Healthcare can confirm if the condition is new or pre-existing.

In order for CS Healthcare to assess whether you are able to Switch with no change to your previously insured underwriting terms, you need to answer a series of questions about each of the persons to be insured. Failure to disclose relevant information may result in non-payment of a claim and all cover being cancelled. **If you require more space for your answers, please continue on a separate sheet and sign and date it.**

Please provide your original Moratorium Start Date (DD/MM/YYYY): _____

Question 1

Have you or any of your dependants **ever** suffered from cancer (including benign brain tumours), joint replacement or spinal surgery?

Y N

If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Treatment Received	Current Status	Date First Noted

Question 2

Have you or any of your dependants **ever** had a heart condition **OR** a stroke (cerebral vascular accident)?

Y N

If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Treatment Received	Current Status	Date First Noted

Additional information (please complete)

Applicant/Dependant	Height (metres)	Weight (kg)	Current Medications Taking	Routine Monitored?	By Who? (GP/Consultant etc?)
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	
				Y <input type="checkbox"/> N <input type="checkbox"/>	

Question 3

Do you or any of your dependants have a long-term / on-going or chronic condition for which you have regular appointments, review and / or treatment?

Y N

If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Treatment Required & Frequency of Review	Current Status	Date First Noted

Question 4

Have you or any of your dependants had a doctor's appointment (including private GP), hospital appointments, admissions and treatments or any alternative or manipulative therapies or medication of any kind in the last 3 months?

Y N

If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Treatment Received	Current Status inc Outcome	Date Occurred

Question 5

Do you or any of your dependants have any medical appointments or investigations outstanding or planned for the future? And/or do you or any of your dependants have a condition that needs, or is likely to need treatment in the future or any condition that is being monitored?

Y N If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Treatment Received	Current Status inc Outcome	Date Occurred

Question 6

Have you or any of your dependants made a health insurance claim or had any medical treatment in the last 12 months?

Y N If the answer is 'YES' please provide the below information.

Applicant/Dependant	Condition/Symptoms	Details of any claims made against your current insurer	Current Status	Date Occurred

Please proceed to section 6a for CPME Declaration, or 6b for CM Declaration

6a. Declaration for Continued Personal Medical Exclusions (CPME)

Please read the following **declaration section for CPME** carefully before signing:

I apply for membership, along with any dependants listed above

- I confirm that I have existing UK health insurance or have had a health insurance policy as an individual or a company paid scheme which was/is effective/active/live within the last 60 days.
- I understand that by selecting the Continued Personal Medical Exclusions option, my GP will be required to submit a copy of the referral letter before any medical treatment or advice under the policy can be authorised should symptoms occur within the **first 3 months** of membership, so that CS Healthcare can confirm if the condition is new or pre-existing.
- I declare that the answers and information given by me in this Intermediary Switch Proposal Form are true and complete and that I have not withheld any material information that should be disclosed to CS Healthcare.
- I enclose a copy of my current certificate of insurance showing details of any personal exclusions.
- I understand that without sending in my current certificate of insurance showing details of personal exclusions CS Healthcare will be unable to validate my cover and will be unable to authorise any claims for benefit.
- I have received the Policy Summary and recognise that if my application is accepted I will receive full documentation about my cover when accepted, including the Policy Document and Memorandum of Association and Rules.
- I understand a copy of the Policy Document and Memorandum of Association and Rules are available in advance on request.
- If, for any reason, I wish to cancel my cover I can do so without obligation, provided that I write to CS Healthcare no later than 15 days after receiving my policy documents when I first join the Society. If so, a full refund will be made provided that no claims for benefit have been submitted against the policy.
- I agree to inform CS Healthcare of any condition, illness, symptoms or injuries that may occur between completing this form and the start of my policy.
- I agree that this declaration, and the answers given on this form, shall form the basis of the contract between me and CS Healthcare. A copy of this form is available on request.
- I confirm that I give explicit consent for CS Healthcare to process personal information provided in this form and any separate sheet, relating to myself and any dependants to be included in the enrolment, in the manner described under Section 7 "Data Protection" in accordance with the Data Protection Act 1998.

Signature: _____

Date: _____

6b. Declaration for Continued Moratorium (CM)

Please read the following **declaration section for Continued Moratorium** carefully before signing:

I apply for membership, along with any dependants listed above

- I confirm that I have existing UK health insurance or have had a health insurance policy as an individual or a company paid scheme which was/is effective/active/live within the last 60 days.
- I understand that by selecting the Continued Moratorium option, my GP will be required to submit a copy of the referral letter in order to authorise treatment, so that CS Healthcare can confirm if the condition is new or pre-existing.
- I declare that the answers and information given by me in this Intermediary Switch Proposal Form are true and complete and that I have not withheld any material information that should be disclosed to CS Healthcare.
- I enclose a copy of my current certificate of insurance showing details of the original Moratorium start date.
- I understand that without sending in my current certificate of insurance showing details of the original Moratorium start date CS Healthcare will be unable to validate my cover and will be unable to authorise any claims for benefit.
- I have received the Policy Summary and recognise that if my application is accepted I will receive full documentation about my cover, including the Policy Document and Memorandum of Association and Rules.
- I understand a copy of the Policy Document and Memorandum of Association and Rules are available in advance on request.
- If, for any reason, I wish to cancel my cover I can do so without obligation, provided that I write to CS Healthcare no later than 15 days after receiving my policy documents when I first join the Society. If so, a full refund will be made provided that no claims for benefit have been submitted against the policy.
- I agree that this declaration, and the answers given on this form, shall form the basis of the contract between me and CS Healthcare. A copy of this form is available on request.
- I confirm that I give explicit consent for CS Healthcare to process personal information provided in this form and any separate sheet, relating to myself and any dependants to be included in the enrolment, in the manner described under section 7 "Data Protection" in accordance with the Data Protection Act 1998.

Signature: _____

Date: _____

7. Data Protection Consent

In becoming the main applicant you have sought and agreed to act on behalf of any other person included within the policy. As such all membership documents and confirmation of how we have dealt with any claim/s under the policy sent will be to you.

How we may use your personal information:

- CS Healthcare sometimes uses third parties to process data on its behalf (if you would like further information as to these third parties please write to the Data Protection Officer).
- To aid CS Healthcare in detection and prevention of fraudulent claims we may disclose personal information about you to fraud prevention agencies that in turn may record, use and distribute this personal information to other organisations. In addition we work collectively with other organisations to share information relating to fraudulent/suspicious claims.
- Medical information or records will only be disclosed to those involved with your treatment or care, including your GP, companies or intermediaries, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses.
- CS Healthcare would like to keep you informed by telephone, post or email of selected products, services and special offers available from us. If you don't wish us to do so, please tick here
- CS Healthcare would like to keep you informed by telephone, post or email of selected products, services and special offers available from carefully selected third parties. We may also share your information with other carefully selected third parties for business analysis and market research purposes. If you don't wish us to do so, please tick here
- Under the terms of the Data Protection Act 1998 you are entitled to request a copy of the information we hold about you. We reserve the right to charge an administrative fee for supplying this service up to the maximum that the Data Protection Act 1998 permits (if you would like to make a request to receive a copy of such information please write to the Data Protection Officer).
- For all Data Protection queries please write to the Data Protection Officer at Civil Service Healthcare Society Limited, Princess House, Horace Road, Kingston Upon Thames, Surrey KT1 2SL.

Telephone calls:

In the interest of continuously improving our service to members, your call may be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime

8. Access to Medical Reports Act (1988)

Sometimes we need to get a medical report from a doctor who has cared for you before we can make a decision on your application/claim. To avoid delay, it helps to have your permission in advance. The Access to Medical Reports Act 1988 gives you certain legal rights which are:

- We need your agreement before we can apply for a medical report from your doctor. You can refuse but if you do we will not be able to assess your application/claim.
- You can ask to see the report before your doctor sends it to us, or for up to 6 months after. If you wish to see the report, please tick the box on the declaration below to indicate you want to see the report. This might delay the assessment of your application/claim and your doctor may charge you a fee.
- If you think a part of the report is incorrect or misleading when you see it, you can ask your doctor to have it changed.
- If your doctor will not agree to this, you may wish to attach a statement of your own.
- **You will not be entitled to see any part of the report which:**
- The doctor believes could seriously harm your physical or mental health, or that of others.
- Indicates the doctor's intentions in respect of you.
- Reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in caring for you).

We will write to you when we request the report. If you've asked to see the report before your doctor sends it to us, you will have 21 days from the receipt of our letter to contact your doctor. Once you have seen the report, your doctor needs your agreement to send it to us. If you don't arrange to see the report in 21 days, your doctor will be free to send it to us.

Medical Report Declaration

I have been informed of my statutory rights under the Access to Medical Reports Act 1988, and in connection to my health insurance I hereby consent to CS Healthcare being provided with medical information from any doctor who at any time has attended me concerning any matter which affects my physical or mental health. I agree that a copy of this consent shall have the validity of the original. I consent CS Healthcare seeking medical information in respect of myself from my GP or any other doctor/specialist who has attended me.

(Please tick one of the boxes)

I do not wish to see the report before it is sent to CS Healthcare

I wish to see the report before it is sent to CS Healthcare

Applicant's name: _____

Signature: _____ Date: _____

Spouse/Partner's name: _____

Signature: _____ Date: _____

1st Dependant's name: _____

*Signature: _____ Date: _____

2nd Dependant's name: _____

*Signature: _____ Date: _____

3rd Dependant's name: _____

*Signature: _____ Date: _____

*** For children aged 16 or under, a parent/guardian's signature is required.**

