

...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 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	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>
Name	<input type="text"/>	Date of Birth	<input type="text"/>

Please advise us if any person to be covered by this policy has had previous treatment or has treatment pending or ongoing or has been advised to have any diagnostic tests, treatment, hospitalisation or surgery for any of the following conditions:

Heart / Stroke Conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any form of Cancer	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Psychiatric Conditions	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Organ failure / Transplants	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any condition which is deemed to be incurable or requires long term treatment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Any condition claimed where costs are in excess of £10,000	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any person to be covered by this policy suffering from any medical condition which is likely to result in the need for an in-patient stay in hospital?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any person currently taking medication or receiving treatment for any medical condition?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is any person to be covered under this policy currently pregnant?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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.

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.

HEAD OFFICE

Chanctonfold Barn Chanctonfold Horsham Road
 Steyning West Sussex BN44 3AA United Kingdom
 T +44 (0) 1903 817970 F +44 (0) 1903 879719
 www.alhealth.com www.alctravel.eu
 www.prima-iberica.eu

IBERIAN OFFICE

Centro Plaza Oficina 10
 Planta 1 Nueva Andalucia
 29660 Marbella Málaga Spain
 T +34 952 93 16 09
 F +34 952 90 67 30 CIF N0069627H

