



## Business Healthcare - Healthy Business Discount Private medical insurance application form

### Employer

To be used for new business plans with 2-9 employees who are eligible for a Healthy Business Discount from 1 December 2021.

To apply for VitalityHealth membership complete sections A to L as appropriate. Please check all details on the application. If any details are incorrect put a line through them, write in the correct details and initial the change.

- Please ensure you complete all fields unless advised otherwise.
- Please complete the form using black ink in BLOCK CAPITALS.
- The VitalityHealth plan declaration in section H and the underwriting declaration in section F must be signed and dated by a named contact and/or Company Director.

#### Your medical data

To enable us to set up and administer the plan, for underwriting, claims administration and annual renewals, Vitality need to be able to collect, process, share and retain the health and medical information of your employees and any dependants "members" to be covered under the plan, as detailed in our full Privacy Notice which can be viewed at [vitality.co.uk/privacy](http://vitality.co.uk/privacy).

In respect of all members to be covered under the terms of the plan, you confirm that you will make them aware of the processing of their personal data, health and medical data. You also confirm that you will make them aware of our Privacy Notice and the rights available to them under data protection legislation.

#### When a member makes a claim

When a member makes a claim under the terms of the plan, we will assess the nature of their claim and let them know if we need additional information to enable us to make a decision. This may include additional health or medical information which we may need to share with the healthcare practitioner/hospital/specialist/consultant/physiotherapist etc. that they choose or we choose for them, to enable them to assess their condition and plan the appropriate treatment for them.

Vitality will only share as much of their health and medical information as is necessary for the purpose of each claim that they make, to enable us to manage their claim efficiently and with the minimum delay.

### A - Quote and cover details

By completing this application form, you are applying for the cover and benefits provided in your Business Healthcare quote. This includes the choice of hospital options, excess, cover options and underwriting terms.

Please enter the quote reference and requested plan start date below:

Quote reference number

Quote variation number

Start date

## B - Employer details

Company name

Legal entity, PLC, Partnership etc

Registered number (if applicable)

Is your business a partnership of three partners\* or less? Yes  No

\*By partners, we mean those members who are legally in partnership in respect of the company in question, we do not mean employees.

Registered address\*\*

Postcode

\*\*As part of our New Business process, we verify that the listed business address is the registered address of the company, and this will involve checking against records held centrally at Companies House.

Trading address\*\*

Postcode

\*\*Please note that all communications regarding our Vitality partners and general correspondence will be sent to this address. As part of our New Business Vetting process, we verify that the listed business address is the registered address of the company, and this will involve checking against records held centrally at Companies House. If this is not the company's registered address, please confirm below who the address relates to:

### Industry type:

- |   |   |
|---|---|
| <input type="checkbox"/> Banking/Financial                      | <input type="checkbox"/> Retail/Wholesale Trade                       |
| <input type="checkbox"/> Farming/Agriculture                    | <input type="checkbox"/> Computing/IT/Data Processing                 |
| <input type="checkbox"/> Education                              | <input type="checkbox"/> Restaurant/Hotels/Catering                   |
| <input type="checkbox"/> Professional/Semi-professional sports* | <input type="checkbox"/> Construction                                 |
| <input type="checkbox"/> Entertainment/Leisure/Recreation       | <input type="checkbox"/> Other (please specify): <input type="text"/> |
| <input type="checkbox"/> Manufacturing                          |   |

### Important:

**\*Professional/semi-professional sports, whether company, employee or dependants.** If the principal activity of your organisation, or of any members, is professional or semi-professional sports, your application will not be accepted.

VitalityHealth defines semi-professional sports as any company or individual receiving payment beyond expenses, irrespective of results, for participation in a sporting activity.

**Armed forces - Army, Navy, Air Force (including the Armed Forces Reservists).** If the scheme is fully made up of members of the Armed Forces, cover is not available and VitalityHealth decline to offer cover. For specific employees and /or dependants, whilst they can apply for cover, please note that we will not pay claims relating to treatment for any condition, injury or related condition arising from working in the armed forces.

**Working offshore in the extraction / refinery of natural / fossil fuels.** For any employees and / or dependants employed in this sector, whilst they can apply for cover, we will not pay claims relating to treatment for any condition, injury or related condition arising from working in this industry.

**C - Scheme eligibility, current insurance and membership details**

**1. Please provide details of your organisation's employee base:**

a. Total number of employees

b. Total number of employees (principal members) to be covered by VitalityHealth

*To be eligible for a Healthy Business Discount this must be between 2 and 9 employees (inclusive) at the cover start date.*

c. Category of employees to be covered (e.g. All staff, directors, managers, etc.)

**2. Please provide details of your organisation's current medical insurance membership (if any):**

Current insurer

Date employer joined

Date of termination of scheme

**3. Are all principal members to be covered employees of the company?**

Yes  No

**4. Is cover being fully paid for by the employer, with no part of the employee's premium (other than, in some cases, the cost for the spouse/partner or child dependants) to be recouped in any way from the employee?**

Yes  No

If no, then please advise how the premiums will be paid.

**5. Are all employees and any dependants to be covered resident in the UK (Great Britain and Northern Ireland, including the Channel Islands and the Isle of Man) for at least 180 days in each plan year?**

Yes  No

## D - Employer contacts and Employer Hub access

Please nominate two types of employer contact for your organisation. The primary contact is mandatory.

Contact types are as follows:

- **Primary contact** - the main point of contact for the scheme to whom we will send all general correspondence and information about our Vitality partners and benefits. You must provide a primary contact for your organisation.
- **Secondary contact** - no documents will be sent to this person, but they will have administrative rights.

Access to the Employer Hub can be given for each of the contacts. They will still need to register online once contact details have been noted below. We will not use email addresses for any marketing purposes.

**NOTE: Please do not enter the Adviser's details on this part of the form.**

### Primary employer contact

Title      Mr  Mrs  Ms  Miss  Other

First name

Last name

Job title

Date of birth

Gender      Male  Female

Email

Telephone

### Secondary contact

Title      Mr  Mrs  Ms  Miss  Other

First name

Last name

Job title

Date of birth

Gender      Male  Female

Email

Telephone

## E - Choice of underwriting

There are four different types of underwriting that we use to assess your employees' medical history and their eligibility for treatment:

### 1. Moratorium (MORI)

We will not cover any pre-existing medical condition, or related condition(s), which any applicant has received treatment and/or medication for, or had symptoms of, or asked advice on, or were aware of during the five years before their cover starts under the plan. However, if they do not have any treatment, medication or advice for those pre-existing conditions for two continuous years after their cover under the plan starts, then after that the conditions may be considered eligible for benefit, subject to their plan terms and conditions. For full details of our moratorium clause please ask for a copy of the applicable plan terms and conditions.

### 2. Full Medical Underwriting (FMU)

Employees are required to complete an application form with full details of all applicants' medical history. Based on our assessment of the information provided, we may apply personal medical exclusion(s) to their cover which will be detailed on their membership certificate. In some circumstances, we may be unable to offer cover.

### 3. Switching from an existing provider (Continued Personal Medical Exclusions - CPME)

**All applicants must be currently insured on a full medical underwriting and/or moratorium underwriting basis.**

For those applicants currently fully medically underwritten, any personal medical exclusion(s) that apply with the current insurer will continue to apply on your new plan with us. For those applicants currently subject to a moratorium clause, we'll apply our own moratorium rules, which may differ from your current insurer, but backdated to the date the clause originally commenced, as confirmed by the applicant's current certificate of insurance. When submitting this application form, you will need to provide a copy of your employees' current insurance certificates showing the details of all the members who you want to cover on your new plan, including their current underwriting terms.

### 4. Medical History Disregarded (MHD)

**All applicants must be currently insured on a Medical History Disregarded basis.**

Schemes with 2-9 employees requiring MHD underwriting can switch to VitalityHealth providing they are currently insured on an MHD basis as confirmed by the applicant's current certificate of insurance.

#### Important information - relating to options 3 and 4 only

- When submitting this application form, you will need to provide copies of your employees' current insurance certificates, which must include the members' names, and their underwriting terms, including any personal medical exclusion(s) that apply.
- All employees must have completed and returned a Healthy Business Discount Employee Declaration on behalf of themselves and any dependants to be included to cover.
- The declaration in section F must be completed.

#### Underwriting type for members already covered under your private medical insurance scheme:

Existing members will be added as per the instructions given on the quote. This is providing the required certificates of insurance and Healthy Business Discount Employee Declaration forms, submitted together with this application form, match the information provided to us at the quote request stage.

#### Underwriting type for new members (employee application forms will be required):

Please tick to indicate the underwriting terms that are to apply to new members:

- |                               |   |
|-------------------------------|---|
| <input type="checkbox"/> MORI | <input type="checkbox"/> CPME (currently MORI or FMU)   |
| <input type="checkbox"/> FMU  | <input type="checkbox"/> MHD (currently insured as MHD) |

**E - Choice of underwriting (CONTINUED)**

**Important notes:**

- We reserve the right to amend the terms offered or decline to offer terms.
- Please note that where a selected underwriting option excludes any pre-existing conditions, members may be required to give their permission for VitalityHealth to gain access to their medical records before any claim is approved.
- If, where necessary for the underwriting option(s) chosen, the required current certificate(s) of insurance have not been supplied with this application form, we may be unable to proceed further. If we do proceed without them, we may be unable to authorise any eligible claim until the certificate(s) have been received and verified by us.
- All employees and any dependants to be covered should ensure they are registered with a UK GP and Dentist and that they have their full medical and dental records if they haven't already done so. This will help avoid delay in getting authorisation for an eligible claim by us.
- If you are applying on a CPME or MHD (currently insured) basis, please note that:
  - a) until you have received confirmation from us that your employees can be accepted on these terms we strongly advise you not to cancel your existing health insurance plan.
  - b) there must be no break in cover between the date your current policy ceases and your cover start date with VitalityHealth.

**F - Switching from an existing provider declaration**

Please ensure you have read the underwriting terms available and the criterion that applies on pages 5 and 6 before proceeding. As your organisation is moving to VitalityHealth on CPME or (currently) MHD terms, please sign the declaration below on behalf of your employees.

Please sign and date below:

**I confirm that:**

- All applicants to be covered by this plan will provide certificates of insurance from their existing insurer.
- Applicants applying for cover on CPME underwriting terms are not currently insured on a MHD basis.
- Applicants applying for cover on MHD underwriting terms are not currently insured on a CPME, moratorium or fully medically underwritten basis.
- All currently insured applicants to be covered by this plan have completed and returned a Healthy Business Discount Employee Declaration which have all been assessed and accepted by VitalityHealth.

Authorised Signatory(ies) on behalf of all applicants

Date

D	D	M	M	Y	Y	Y	Y
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Print full name(s)

**G - Payment details**

Payment must be by Direct Debit. Please indicate your chosen payment period below:

- Monthly
- Quarterly
- Annually

The collection date will be the same day of the month as the plan start date.

Please fill in the whole form and send it to:

**VitalityHealth, Sheffield S95 1DB  
or give it to your adviser**

**Instruction to your Bank or Building  
Society to pay by Direct Debit**

Name(s) of Account Holder(s)


Service User Number

6	4	8	3	1	6
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Bank or Building Society  
Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Reference

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Sort Code

--	--	--	--	--	--	--	--	--	--

Name and full postal address of your Bank  
or Building Society

To: The Manager
Bank/building society name
Address
Postcode

**Instructions to your Bank or Building Society.**

Please pay Vitality Corporate Services Limited Direct Debits from the account detailed on this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Vitality Corporate Services Limited and if so, details will be passed electronically to my Bank/Building Society.

Signature(s)
Date

Banks and Building Societies may not accept Direct Debit instructions for some types of account.

**FOR VITALITYHEALTH OFFICIAL USE ONLY**

Customer name for VitalityHealth official use only

This is not part of the instruction to your bank or building society

Planholder/Company name
Plan number
Address
Postcode

This guarantee should be detached and retained by the Payer



**The Direct Debit Guarantee**

- This Guarantee is offered by all banks and building societies that accept instructions to pay Direct Debits.
- If there are any changes to the amount, date or frequency of your Direct Debit Vitality Corporate Services Limited will notify you 3 working days in advance of your account being debited or as otherwise agreed. If you request Vitality Corporate Services Limited to collect a payment, confirmation of the amount and date will be given to you at the time of request.
- If an error is made in the payment of your Direct Debit, by Vitality Corporate Services Limited or your bank or building society, you are entitled to a full and immediate refund of the amount paid from your bank or building society - If you receive a refund you are not entitled to, you must pay it back when Vitality Corporate Services Limited asks you to.
- You can cancel a Direct Debit at any time by simply contacting your bank or building society. Written confirmation may be required. Please also notify us.

## H - VitalityHealth plan declaration to be signed by the employer

By submitting this application you confirm your understanding of the following:

- We understand that this Private Medical Insurance plan is for 12 months. The renewal will be assumed, unless VitalityHealth is advised in writing that the contract must be terminated before the renewal date.
- As a participating employer we hereby apply for membership for our employees to the Business Healthcare plan insured by Vitality Health Limited (referred to as "VitalityHealth").
- We acknowledge that the terms and conditions of the plan are set out in the documents titled 'Business Healthcare: Guide to Managing Your Plan' and 'Membership Guide (Your Business Healthcare plan terms and conditions)'.
- We acknowledge that this is a 12 month contract and understand that if we cancel our plan, regardless of whether we pay monthly or quarterly premiums, we will be required to pay the full annual premium. This does not apply to participating employers comprising a business partnership of three partners or less.
- We understand that this application is subject to written acceptance by VitalityHealth.
- We understand that by signing this declaration we are applying on behalf of all applicants to be covered by this plan.
- Data Protection Notice. Vitality will only collect information that is necessary to provide you with the services we offer, or an associated or required service. The security of and appropriate use and disclosure of your members' health and medical information is of paramount importance to Vitality. Full details of how Vitality uses, collects, stores and processes your members' personal and medical information can be found in our Privacy Notice at [vitality.co.uk/privacy](https://vitality.co.uk/privacy).

\*The Vitality group consists of Vitality Corporate Services Limited, Vitality Health Limited, Vitality Life Limited and Vitality Healthy Workplace Limited. Visit [vitality.co.uk/legal](https://vitality.co.uk/legal) to find out more about the companies that handle your information based on the products and services you access or use.

- We understand that the information given on this application form must be full and accurate and that failure to take reasonable care in answering any questions may result in a claim not being paid, an applicant's underwriting terms being changed, their cover being cancelled, and/or any treatment costs already paid by VitalityHealth being reclaimed. We acknowledge that VitalityHealth will be relying on such information when agreeing to accept this/our employees' declaration/application form(s).
- We acknowledge that all information pertaining to our employees is confidential and we undertake to respect confidentiality (and comply with all applicable data protection legislation) in so far as this confidentiality is determined by VitalityHealth in its sole discretion at all times.
- We acknowledge that should VitalityHealth, at its sole discretion, disclose any information (subject to data protection legislation) to us regarding our employees - including general or medical information - that this information will be kept confidential at all times.
- We understand that if we have appointed an insurance or financial adviser or another representative, VitalityHealth may send them copies of correspondence relating to the plan. VitalityHealth may disclose information to them if a member makes a claim, although no medical information will be provided without the claimants' consent. We agree that we will notify VitalityHealth if we authorise a new insurance or financial adviser or another representative.

**Important: this section continues on page 9.**



**H - VitalityHealth plan declaration to be signed by the employer (continued)**

- We acknowledge that VitalityHealth reserves the right to cancel membership if any premium is due and is not paid on the due date, and that VitalityHealth may recover any unpaid premium(s) up until the end of the contract year. Any participating employer comprising a partnership of three partners or less shall not be liable to pay premiums from the date of cancellation of their plan up until the end of the contract year.
- We understand that VitalityHealth assumes no liability in respect of any employee until such time as notice of acceptance of the risk is given by VitalityHealth.
- We undertake to give VitalityHealth immediate written notice should any changes apply to the information already provided for the assessment of this application before the plan start date (including changes to any applicants' state of health). This will enable VitalityHealth to reconsider the terms of acceptance.
- We accept that we will notify our employees about receiving 'servicing updates' from VitalityHealth in relation to this product. VitalityHealth will approach employees' to obtain marketing rights separately.
- We understand that VitalityHealth may randomly survey members, by phone, face to face or online, from time to time to assess their service quality, product and processes.
- We confirm that the signatories to this declaration are fully authorised and entitled to sign this declaration on behalf of the employer and to bind the employer to the terms of the Business Healthcare plan.
- We acknowledge that VitalityHealth reserves the right to request evidence from the Group Secretary of a member's employment.
- We understand that this application, including the declaration in section F, is valid for a period of 45 days and that we must advise VitalityHealth of any change to the information given which occurs between the date of signing the declaration below and the plan start date.
- We understand that principal members (employees) must be employed on the commencement date of this contract. Where this is not the case, confirmation of cover will be deferred until such time as the applicants are employed.

Authorised Signatory(ies)

Date

Name(s)

Job title(s)

Print full name

## I - Routing of employee plan documents

Please complete either section a or b below.

a) If you are applying for your plan through a Vitality Adviser or direct with us, please complete the section below.

All of your company plan documents will be sent directly to the primary employer contact, however we can send your employees' plan documents directly to them if preferred.

Please indicate if you would like your employees' plan documents to be sent directly to them. Yes  No

b) If you are buying your plan with the help of an adviser, please ask your adviser to complete the section below.

Please indicate who should receive the following company plan documents:

	The adviser (in Adviser Hub)	The primary employer contact
Welcome/mid-term changes	<input type="checkbox"/>	<input type="checkbox"/> (Please tick one box only)
Company renewal invites/ renewal confirmation	<input type="checkbox"/>	<input type="checkbox"/> (Please tick one box only)

Please indicate if you would like the employees' plan documents to be sent directly to them. Yes  No\*

\*If 'no' is selected, please note that the employees' plan documents will be sent to the primary employer contact. Employee documents cannot be sent to the adviser.

## J - To be completed by the adviser (if applicable)

Email

Registered individual's first name

Registered individual's last name

Your VitalityHealth agency number

Agency name and address

In line with data protection regulations, all information and questions regarding this application that are of a confidential nature will be addressed directly to your customers. We will inform you when this happens. VitalityHealth will address all non-confidential questions to you, the adviser.

### Declaration

#### I confirm that:

- All details regarding the price of this scheme of which I am aware have been passed to VitalityHealth for consideration. This includes, but is not limited to, information regarding claims performance, ongoing claims or planned changes in the scheme demographics, such as a change in the make-up of the membership of the scheme.
- All currently insured employees, and their dependants if applicable, who are applying on a CPME or MHD underwriting basis, have completed and returned their Healthy Business Discount Employee Declaration forms and copies of their current insurance certificates have been passed to VitalityHealth as requested.

Signature

Date

Print full name

## K - Membership listings

If we do not require employee application forms, please provide a member list to include all those to be covered (including spouse/partners, and any child dependants). Please ensure that the following information is supplied:

- Salutation (Mr, Mrs, Miss, Ms, Master, etc)
- First name
- Last name
- Date of birth
- Home address - We are unable to accept 'c/o the company'. A full residential address is required
- Email address (for members aged 18 and over)

If preferred, please use our Private Medical Insurance Business Healthcare - Member details form which can be found on our website.

## L - Application checklist

Before you return this application, please ensure that all required fields have been completed to include:

- Healthy Business Discount quote reference number
- Healthy Business Discount quote variation number
- Your consent to the use of your member's health and medical data by ticking the box on page 1
- Employer details, ensuring that the postcode provided matches that on the accepted quote
- Scheme eligibility, current insurance (if applicable) and membership details
- Employer contacts
- Underwriting type for new members
- The declaration has been signed and dated in section F
- Payment details. Please also read and keep for your information 'The Direct Debit Guarantee'
- Signed and dated the VitalityHealth plan declaration in section H
- Routing instructions for plan documents
- Agency details including registered individual name, **applies to the adviser only.**

You have supplied full membership details which are fully aligned to the matching quote. Please see section I for full details.

- Where an employee application form does not have to be provided, member details (to cover principal members, spouses/partners and child dependants) must be supplied with all applications. Please refer to section K regarding Membership listings for guidance on the level of information required.
- If you are switching from another insurer under CPME or currently MHD underwriting terms, please supply valid certificates of insurance from the previous provider which show continuous cover up to the requested start date with VitalityHealth.
- Please supply completed employee applications forms if you have selected FMU underwriting.

Now send this form to VitalityHealth, Sheffield, S95 1DB.

