

# Private Medical Insurance Plan Application Form C - Dependent children

Details of the serving officer/ police staff (Main Insured)

Warrant / Payroll No  Mr/Mrs/MS/Miss

Surname  Forename(s)

**To be completed by the Main Insured on behalf of the child (Associate Insured). Separate forms must be completed for each dependent child.**

For Children under 16, please ignore the questions relating to occupation, alcohol and tobacco!

Surname  Male/Female

Forename(s)

Occupation  Date of Birth

Height  Weight  units of alcohol each week

Do you smoke, or have you in the last 12 months? Yes  No

If YES how many do you smoke each day?

How many days in total during the past 12 months have you been absent from work due to injury or sickness?

Reason for absence?

1 During the past 5 years have you seen a doctor or suffered from any illness or injury requiring treatment or advice? Yes  No

2 During the past 5 years have you ever been absent from work or school for a period exceeding 7 days? Yes  No

3 During the last 5 years have you received or been advised to take any treatment or tests (including blood tests) or follow a special diet? Yes  No

4 In the last 5 years have you had any treatment at a hospital or clinic as an inpatient or outpatient? Yes  No

5 During the last 5 years have you taken any medication or drugs? Yes  No

6 Are you currently consulting your GP or do you have any known or foreseeable need to consult any doctor or health professional? Yes  No

7 Have you EVER suffered from any of the following: Stress, tension, anxiety, depression, joint or back problems, any form of allergy, skin complaint or any problem with sight or hearing? Yes  No

8 Are you covered under any other policies covering Private Medical Expenses? Yes  No

**IMPORTANT - Please give details on a separate piece of paper if you have answered YES to any of the questions numbered 1 - 8.**

### *Declaration by Main Insured*

I understand that this extension of cover is only valid whilst I am a serving police officer or a member of police staff and it is not a separate policy in my child's name. To the best of my knowledge and belief, the information provided in connection with the proposal is true and I have not withheld any material facts. I understand that non-disclosure or misrepresentation of a material fact may entitle the Society to void the insurance. (A material fact is one likely to influence acceptance or assessment of this proposal by the Society. If you are in any doubt as to whether a fact is material or not, you must disclose it).

I understand that the Society will determine its terms and conditions upon the information provided in connection with this proposal and I further understand that the signing of this proposal does not bind me to complete or the Society to accept this insurance. I authorise the deduction from my salary of all premium payments that become due.

Signed  Date

(The liability of the Society does not begin until the application has been accepted. Any medical condition that arises prior to the effective date of this insurance must be notified to the Society or your claim may be denied.)

DATA PROTECTION ACT Any information you provide will be held by Metropolitan Police Friendly Society to administer your contracts. We will NOT disclose such information to third parties unless legally required to do so. We may from time to time use it to inform you by letter about any products and services which may be of interest to you. (If you do not wish to receive such information, please tick this box.)