



MEDICARE



HEALTHCARE AND LEISURE

PLEASE COMPLETE IN BLOCK CAPITALS

Member Details

Title Forename(s) Surname

Home address

Postcode

Daytime Telephone Date of Birth

Email

BAWA Membership Number

Please give details of any individual, other than yourself, that you wish to include in the Medicare scheme

Name

Date of Birth Relationship to Member

Name

Date of Birth Relationship to Member

Name

Date of Birth Relationship to Member

Medicare Rates

	Rates	No. you wish to cover	Total
I Adult	£59.25 per month	<input type="text"/>	£ <input type="text"/>
I Child	£21.95 per month	<input type="text"/>	£ <input type="text"/>
I Adult over 65	£160.00 per month	<input type="text"/>	£ <input type="text"/>
Grand Total			£ <input type="text"/>

Where did you hear about BAWA?

It is the members responsibility to inform BAWA Healthcare & Leisure of any changes to employment, address or other personal details - failure to do this may effect future claims



Declaration to the Underwriters

1. I confirm that all statements made in this application are true and complete to the best of my knowledge and belief and I understand that they will form the basis of the proposed contract between the group and the Underwriters based upon the Terms and Conditions of BAWA Medicare (which are available on request).
2. **THE INDIVIDUALS LISTED AGREE TO BE BOUND BY THE TERMS AND CONDITIONS OF BAWA MEDICARE AND UNDERSTAND THAT, IN ADDITION TO ANY OTHER EXCLUSIONS AND CONDITIONS CONTAINED THEREIN:**
 - i) For individuals transferring from another insurer; personal exclusions imposed by the previous insurer will be carried forward into the PHC Certificate of Cover or; in the case of a previous insurer's unexpired Moratorium, the balance of the Moratorium period as applicable to the previous insurer.
 - ii) For individuals not currently insured and joining on a Moratorium basis no benefits will be payable on any PHC Private Medical Insurance plan during the first two years of the plan for any illness, injury, condition or symptoms thereof:
 - a) for which medical advice or treatment has been sought or received in the five years before the commencement date, or
 - b) of which, the individual and/or the individual's legal guardian(s) was aware, or ought reasonably to have been aware, before the commencement date, but for which an accurate diagnosis had not yet been made by a qualified medical practitioner:
 - iii) For individuals not currently insured and joining on Full Medical Underwriting any exclusions will be notified on the Certificate of Cover. Benefits will be payable for medical conditions under a) or b) when two continuous years have elapsed since the date of the last treatment, medication or advice received for that condition, or related condition, or on or after the second anniversary of the commencement date, whichever is the later.
Note: in the case of new benefits added, the commencement date shall be the date such new benefits were added.
3. New entrants joining after the inception date of the scheme will be subject to either the Moratorium or Full Medical Underwriting, unless specifically agreed otherwise in writing from The Permanent Health Company at the time of inception of the scheme.
4. New entrants who are currently insured and wish to be considered for Continued Personal Medical Exclusions transfer will be required to complete a Plan Transfer Application. Acceptance is subject to Underwriters approval. For further information regarding underwriting please read "Your Guide to Applying for Cover".

Employee Signature _____

Date _____

JOINING OPTIONS

Please indicate below which joining option you wish to take:

- Moratorium - Pre-existing conditions (any medical condition you have suffered in the last 5 years) will not be covered unless you have been in BAWA Medicare for 2 years without medical treatment or consultation.
- Transfer - You may transfer any moratorium period you have served for a pre-existing condition whilst in a previous scheme. You will be sent a 'Plan Transfer Application' to complete
- Full Medical Underwriting - There will be no moratorium period but it can be expected that any pre-existing conditions will be highlighted as permanent exclusions on your policy. You will be sent a questionnaire to complete and a form to sign that gives PHC permission to consult with your GP.

SETTING UP PAYMENT

Payroll Deductions

I request that the sum indicated above (or such other sum as may be determined by the scheme as qualifying contribution) be deducted from my pay until further notice. This authority may be revoked by me at any time by notice in writing.

Pay Frequency (please tick) Weekly 4 Weekly Monthly Other

If other please state _____

Company _____

Signed _____

Dated _____