

...peace of mind for whatever is beyond your horizon

Corporate Health Declaration

In order for à la carte healthcare to consider transferring your company's medical insurance policy to the Prima Premier or Prima Classic plan on the same underwriting term as your current plan, the appointed Group Administrator for the Scheme must answer all of the following questions in respect of all persons to be covered by this Policy. If the Group Administrator is not fully aware of the medical history of the company's employees, each employee should be asked to supply the information, or complete a Private Client Health Declaration on behalf of themselves and any dependants to be included within the policy. **Please attach to this declaration copies of current policy schedules for each person to be covered detailing current underwriting terms.**

Name of group
Address
 Postcode

Names of all persons to be covered under this Policy (you may attach a schedule if this is more convenient):

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 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 the company's 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 Group Administrator)

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.

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