



Additional medical information (If you need more space please use a separate piece of paper. Sign, date it and attach it to the form)

I declare that to the best of my knowledge and belief the statements made on this form are true and correct. I acknowledge that the acceptance of my application shall be on the basis of these statements and that I and my family members included in this policy shall be bound by the terms of the policy which I shall read when I receive my policy details. I understand that you will send all correspondence about this policy to the main policyholder unless I write to tell you otherwise. I have indicated the policy and method of payment I would like.

Please note: If any of the information you have given us changes before we have told you that your policy has begun, you must tell us in writing at once. We advise you to keep a record of all information you give us in connection with this application, including any letter(s) you send us in connection with it. If you would like a copy of this application, please let us know within three months. We may turn down an application if we discover that the information you give us is not sufficiently true, accurate and complete so as to present to us fairly the risk we are taking on. We reserve the right to decline your application. Once you have joined we do not pay for treatment of any medical condition (or treatment of any medical conditions arising from or associated with such a medical condition) which you already had when you joined and which you should have told us about but did not tell us at all or did not tell us everything, unless you have declared it and we have not excluded it. This includes any such medical condition(s) or symptoms, whether being treated or not. You and we are allowed to choose which law will govern this policy. Because we are in the United Kingdom we only sell policies that are governed by the Law of England and Wales, so that is the law that applies.

Signature: **X** Date: **X**

Your 14 day money-back guarantee

When you receive your membership documents, you will have 14 days in which to ensure you are entirely satisfied with your cover. If, for any reason, you do not wish to proceed, you may cancel your membership at any time during this period and owe nothing as long as you have not made a claim. Any money which you have paid or which we have collected will be returned to you.

Other information



Data Protection Act – you will see this sign where we ask you to give personal information.

Please make sure that you either show this statement to anyone covered by this policy, or inform them of its contents before you return this form. To set up and administer your policy AXA PPP healthcare limited will hold and use information about you and any family members covered by your policy, supplied by you, those family members, medical providers or your employer. Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have consent to do so. We may send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area. As you act on behalf of any family member covered by this policy, we send correspondence about the policy, including claims correspondence, to you unless we are advised to do otherwise. By signing and returning this form you indicate that you have authority to give consent on behalf of any family members covered by your policy and on your own and their behalf you consent to the use of personal information in the ways described above. We may disclose information about anyone covered by your policy where there is a legal requirement for us to do so or in circumstances when it would help us prevent or investigate fraud or improper claims. AXA PPP healthcare limited may contact you with details of its other products and services. We may also share some of your details with other AXA Group companies or other carefully selected companies based within the European Economic Area to enable them to contact you with details of and, if appropriate administer, their products and services. We may contact you by post, telephone, or electronically if appropriate. By signing and returning this form you will be consenting to these uses to enable you to receive marketing information from AXA PPP healthcare as well as from other AXA UK Group companies and/or third party companies unless you tick the box to indicate that you do not consent . You may change your mind at any time by writing to the address on the back of the Membership Handbook.

