

About your existing Private Medical Insurance cover

Who is the insurer?

Renewal date?

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The cover you require

Core cover - included as standard

Please choose from any additional options below:

Outpatient cover

Limited outpatient cover - £1,500

or

Full outpatient cover

Alternative therapies

Alternative therapies - £750

or

Alternative therapies - £1,500

Further cover options:

Psychiatric care

Dental, optical and private GP
(£50 compulsory excess applies)

Hospital list:

Standard hospital list

or

London Plus hospital list extension
(includes all HCA Healthcare UK facilities)

Voluntary excess

Do you require an excess?

Yes

No

If yes, what level of voluntary excess do you require?

Excess per year	Premium reduction %	Please tick (one box only)
£100	10%	<input type="checkbox"/>
£250	15%	<input type="checkbox"/>
£500	22.5%	<input type="checkbox"/>
£1,000	35%	<input type="checkbox"/>

Medical declaration

Please answer the questions below for every applicant:

1: Do you or any applicant have any consultations, investigations or treatment planned or pending in the next 12 months (NHS or Private)?

Yes

No

2: Have you or any applicant had any consultations, investigations or treatment in the last 12 months (NHS or Private)?

Yes

No

3: Have you or any applicant ever been treated for, diagnosed with, or advised they have a heart condition, cancer or mental illness?

Yes

No

Methods of payment

Annual cheque
Please attach the annual cheque payment

Credit card or debit card
Please complete section 1 below

Direct Debit
Please complete section 2 below

1. Credit card or debit card

Credit/debit card authorisation form

Monthly

Annually

Type of card:

Mastercard

Visa

Debit

Name on card:

Card number:

Security number:

Expiry date:

To Freedom Health Insurance

I authorise you, until further notice in writing, to charge my Mastercard/Visa account with unspecified amounts in respect of premiums as and when they become due.

Signed:

Date:

2. Direct Debit

Monthly

Annually



Service User Number

9	1	3	0	3	9
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Instruction to your bank/building society to pay by Direct Debit to:

Freedom Health Insurance, County Gates House, 300 Poole Road, Poole, BH12 1AZ.

Please complete parts 1-5 to instruct your bank/building society to make payments directly from your account.

1. Name and full postal address of your branch

To:

Bank/Building Society

Address:

Postcode:

2. Branch sort code:

3. Account number:

4. Name of account holder:

5. Instruction to your bank or building society

Please pay Freedom Health Insurance, Direct Debits from the account detailed in this Instruction subject to the safeguards assured by the Direct Debit Guarantee. I understand that this Instruction may remain with Freedom Health Insurance and, if so, details will be passed electronically to my bank/building society.

Banks and building societies may not accept Direct Debit Instructions for some types of accounts.

Signed:

Date:

The Direct Debit Guarantee

Banks and building societies may not accept Direct Debit Instructions for some types of account. This Guarantee should be detached and retained by the payer.



- 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 Freedom Health Insurance will notify you 5 working days in advance of your account being debited or as otherwise agreed. If you request Freedom Health Insurance to collect a payment, confirmation of the amount and date will be given to you at the time of the request
- If an error is made in the payment of your Direct Debit, by Freedom Health Insurance 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 Freedom Health Insurance 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.