

Corporate Private Medical and Protection Insurance Confidential Client Questionnaire

Private Medical Insurance Company Details

Company Name	<input type="text"/>
Contact Name	<input type="text"/>
Position	<input type="text"/>
Full Postal Address	<input type="text"/> Address: <input type="text"/> <input type="text"/> Postcode: <input type="text"/>
Group Administrator/Policy Holder Name & Position	<input type="text"/>
Group Administrator/Policy Holder Email Address	<input type="text"/>
Group Administrator/Policy Holder Telephone Number	<input type="text"/>
Date of First Contact	<input type="text"/>
Date of Key Facts & IDD	<input type="text"/>
Do you have any existing cover? (If no go to section 4)	<input type="checkbox"/> Yes <input type="checkbox"/> No

Existing Cover Details

Is there a broker appointed to your scheme?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is the name of your broker?	<input type="text"/>
What is the name of your Healthcare provider?	<input type="text"/>
What is the name of your Healthcare product?	<input type="text"/>
When is your renewal date?	<input type="text"/>
How many employees are currently covered?	<input type="text"/>
Do you pay monthly or annually?	<input type="checkbox"/> Monthly <input type="checkbox"/> Annually
Can you please confirm your current premium?	<input type="text"/>
Do you have an excess? If yes, how much?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="text" value="£"/>
How long has the policy been in force?	<input type="text"/>
What, if anything, would you change about your current Healthcare scheme?	<input type="text"/>
Do you have any current Membership certificates?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Can I take a copy of these?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Proposed Policy Information

How many employees to be covered?

Dependents to be covered?

 Yes No

Adult dependents only to be covered?

 Yes No

Do you require all members to have the same level of cover?

 Yes No

BENEFIT	CATEGORY 1		CATEGORY 2		CATEGORY 3	
	YES	NO	YES	NO	YES	NO
In-patient treatment						
Day-patient treatment						
Out-patients treatment (consultations & tests) Full Cover						
Out-patients treatment (Consultations & tests) £1,000 cover						
GP referred services						
In-patient psychiatric cover						
Out-patient psychiatric cover						

Hospital

NHS private facilities						
Private hospitals						
Scottish/Northern Ireland Hospitals only						

Underwriting

Full Medical Underwriting (FMU)						
New Moratorium						
Continued Moratorium						
Continued Medical Exclusion (CME)						
Medical History Disregarded (MHD)						

Excess

--	--	--	--	--	--	--

Additional

Dental						
Optical						
Travel Insurance						
Cash Plan						
EAP						
Health Screening						

Other

Six week rule						
---------------	--	--	--	--	--	--

Please specify any other additional requirements not covered above:

Insurance Services

Do you have any existing group protection plans?

Yes

No

Details of plans

Type of Plan	Provider	Policy number	Lives covered	Review date	Benefit	Premium	Premium Frequency

Additional notes:

Additional requirements:

Group Death in Service

Keyperson Protection

Group Critical Illness

Share / Partnership Protection

Group Income Protection

Options required:

Type of Cover	Lives covered	Term Required	Benefit	Budget for cover

Any additional requirements?

Data Protection Act 1998

The information you have provided is subject to the data protection Act 1998. By signing this document you consent to us or any company associated with us (such companies include, for the avoidance of doubt, Chartwell Healthcare Limited and any member of its group and/or companies, persons or entities of any nature whatsoever with which it is associated or allied from time to time) processing, both manually and by electronic means, your personal data for the purpose of providing advice, administration and management.

We may also contact you or pass your details to other companies associated with us to contact you (including by telephone) with details of any other similar products, promotions, or for related marketing purposes in which we think you may be interested.

If you do not wish us or any company associated with us to contact you please tick this box

Any documents provided to us or information obtained by us will be recorded, retained and copied for audit purposes and may be provided to third party organisations for the purposes of processing transactions on your behalf and to satisfy regulatory and statutory obligations.

Additional Services

Clients of Chartwell Healthcare Limited can also benefit from additional services provided by our company. Our different teams can provide expert advice on finance, protection and general insurances such as Buildings and Contents provision. This information and our advice on a whole range of financial scenarios is available to you, your business and also your staff.

Adviser Declaration

I confirm my belief that the information contained in the Factfind is accurate

Name (Block Capitals)

Signature

Dated

Declaration

Declaration - Please read, and check through, this form carefully before signing

I/We confirm we have discussed:

	YES	NO
Policy benefits	<input type="checkbox"/>	<input type="checkbox"/>
Claims & Complaints procedure	<input type="checkbox"/>	<input type="checkbox"/>
Premium increases	<input type="checkbox"/>	<input type="checkbox"/>
Underwriting terms (including the effect of pre-existing conditions when moving provider)	<input type="checkbox"/>	<input type="checkbox"/>
Implications of switching healthcare providers	<input type="checkbox"/>	<input type="checkbox"/>
Consequence of non-disclosure procedure	<input type="checkbox"/>	<input type="checkbox"/>
Selected hospital lists applicable to the recommended product(s) meets your requirements for accessibility and locality	<input type="checkbox"/>	<input type="checkbox"/>
If considering an NCD based product how this works	<input type="checkbox"/>	<input type="checkbox"/>
If considering an excess how it works	<input type="checkbox"/>	<input type="checkbox"/>

DOCUMENTATION RECEIVED

I/We confirm we have received and understood:

	Tick to confirm receipt	Date Received
Chartwell Healthcare Business Card	<input type="checkbox"/>	/ /
Key Facts About Our Insurance Services	<input type="checkbox"/>	/ /

Do not sign this declaration unless you are entirely satisfied. If you have any questions or are not satisfied with any aspect, ask your consultant for assistance before signing this, or any other healthcare form(s).

I/We confirm that I/We have received the above from Chartwell Healthcare Limited and confirm that I/We are happy that I/We have fully discussed and have understood the information given to me/us.

I/We understand that the recommendations will be based solely on the information given in this review, including any additional information supplied, where applicable.

Please note additional information, in the form of identification documents, may be required to allow Chartwell Healthcare Limited to comply with current regulations.

Client 1	<input type="text"/>	Client 2	<input type="text"/>
Signature	<input type="text"/>	Signature	<input type="text"/>
Dated	/ /	Dated	/ /

For Office Use Only

Compliance Documents Required *(advisor to complete)*

- Fully completed and signed Factfind
- Research
- Illustration
- Fully completed and signed application form
- Sales Suitability Letter
- Method of payment

Other documents required for New Business Processing

- Membership Certificates
- Membership List

Comments: (i.e. membership certificates requested, health screenings, introducer fee)

Lead Source

- SL
- SLRB
- SLGL
- AOL

Sheffield Tele-Appointing Operator:



Chartwell Healthcare Limited

Kings Orchard

1 Queens Street

Bristol

BS2 0HQ

T 0117 917 1966

F 0117 917 1899

E healthcare@chartwellhealthcare.co.uk

W www.chartwellhealthcare.co.uk

*Chartwell Healthcare Limited is authorised and regulated by the Financial Services Authority.
Registered Office: Kings Orchard, 1 Queen Street, Bristol BS2 0HQ.
Registered in England No. 06333575*

V.02/2011