

Enquiry No (CSH use only):

Registration No (CSH use only):

Switch Proposal Form



Proposal Form Please write in BLOCK CAPITALS

Before completing this Proposal Form it is important to understand how your policy will work and what information should be provided to CS Healthcare. To complete the form, you may find it helpful to seek advice from your General Practitioner. Space is provided for any additional medical information required to support your application. All responses to questions should be accurate to the best of your knowledge and belief. Please remember health insurance is designed to work alongside, not to replace all the services offered by the NHS and in all cases members retain their right to use the NHS. If you need help please call us on 020 8410 0400*.

Eligibility

To be eligible for cover with CS Healthcare you and your Spouse/Partner/Dependants on the policy must all: (please tick to confirm)

- Have been permanent residents in the UK for at least 2 years, and
- Have been registered with an NHS GP, who is not a family member, for at least 2 years.

Sporting Activity

Has any person named on this proposal ever taken part in a sporting activity, for which they have received monetary re-imbursment (including commercial sponsorship), or for which they have represented their country? YES NO

If you have answered yes, please provide details here:

Previous policy information

Has any person named on this proposal had any insurance or an insurance policy declined, cancelled, voided or accepted on special terms? YES NO

If you have answered yes, please provide details here:

CHECKLIST

Please ensure you have completed all relevant sections of this form before submitting.

- Section 1-4** Applicant details, cover required and payment method
- Section 5** medical consent
- Section 6** Underwriting options
- Section 7** Supplementary Medical Questionnaire for switch terms
- Section 8** Privacy Policy
- Section 9** Declaration
- Have you signed **section 5 & 9?**

Once complete, please return this form to the Membership Services Team, CS Healthcare, Princess House, Horace Road, Kingston Upon Thames, Surrey KT1 2SL or using the envelope provided.

Section 1. Applicant Details

Please complete your personal details below:

Title	Home Address:
First Name(s):	
Surname:	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	Post Code:
Daytime Telephone:	Email:
Occupation (to qualify for membership):	
Civil Service/Public Sector <input type="checkbox"/>	Department name: <input type="text"/>
Relative of a Member <input type="checkbox"/>	Name of member/Relationship: <input type="text"/>
Charity/Voluntary sector <input type="checkbox"/>	Organisation name: <input type="text"/>
Other qualifying organisation <input type="checkbox"/>	Organisation name: <input type="text"/>
How did you hear about CS Healthcare? <input type="text"/>	
Requested CS Healthcare policy start date ¹ : <input type="text" value="D"/> <input type="text" value="D"/> <input type="text" value="M"/> <input type="text" value="M"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/> <input type="text" value="Y"/>	

¹**Please note:** we require at least 15 working days to assess your application following receipt of this completed Proposal Form. We will confirm your policy start date once your application has been assessed. The assessment is conditional on us receiving all relevant application/medical information and your start date is subject to change if the assessment of your application takes more than 15 days to complete following receipt.

Section 2. Spouse/Partner/Dependant details (if cover is required, if not please leave this section blank)

Please provide details of family members you want included on the policy.

Title	Full name	Relationship to Applicant	Date of Birth

Section 3. Cover required (please tick the boxes which apply)

All people on the policy must be on the same level of cover. Essential cover is compulsory. Full details of all our policy benefits and cover options can be found in the policy summary. Please see hospital list for full details of hospitals covered or visit our website: cshealthcare.co.uk

Cover Options	<input checked="" type="checkbox"/> Essential <input type="checkbox"/> Expert Diagnostics Comprehensive <input type="checkbox"/> Expert Diagnostics 1000 <input type="checkbox"/> Expert Diagnostics 500	<input type="checkbox"/> Heart & Cancer Comprehensive <input type="checkbox"/> Heart & Cancer Limited <input type="checkbox"/> Therapy & Care
	Choose from: <ul style="list-style-type: none"> ED Comprehensive (inc. up to £1,000 for out-patient psychiatric consultations) ED 1000: £1,000 limit (excludes psychiatric cover), saving around 30% over ED Comprehensive ED 500: £500 limit (excludes psychiatric cover), saving around 50% over ED Comprehensive 	Choose from 2 levels of cover: <ul style="list-style-type: none"> H&C Comprehensive H&C Limited: a £50,000 limit for each Heart and each Cancer condition per person for the lifetime of the policy, saving around 25% over Heart & Cancer Comprehensive
Cash Benefits	<input type="checkbox"/> Level 1 - £50 <input type="checkbox"/> Level 2 - £100 <input type="checkbox"/> Level 3 - £150 <input type="checkbox"/> Level 4 - £200	
Hospital Band	<input type="checkbox"/> Partnership <input type="checkbox"/> Extended	
Voluntary Excess	<input type="checkbox"/> No Excess <input type="checkbox"/> £100 <input type="checkbox"/> £300 <input type="checkbox"/> £1,000 <input type="checkbox"/> £500 <input type="checkbox"/> £2,000	OR Co-payment option <input type="checkbox"/> Maximum £1,000 for each person <input type="checkbox"/> Maximum £3,000 for each person

Please note:

- You cannot select an excess AND a co-payment.
- Excess and co-payment options apply per person per policy year.
- You cannot have Expert Diagnostics 500 with a £500, £1000 or £2000 policy excess.
- You cannot have Expert Diagnostics 1000 with a £1000 or £2000 policy excess.

Section 4. Payment Method

Please complete the Direct Debit Instruction at the end of this form OR make cheques payable to CS Healthcare. If you wish to pay annually in advance by Debit or Credit Card please call us on 0800 917 4325*. Alternatively we can call you take payment. We are open 9am to 5pm Monday to Friday please indicate the best time for us to call you.

<input type="checkbox"/>	Monthly Direct Debit	<input type="checkbox"/>	Annual Direct Debit	<input type="checkbox"/>	Annual Cheque	<input type="checkbox"/>	Annual Debit Card	<input type="checkbox"/>	Annual Credit Card
When is the best time for us to call you?		<input type="checkbox"/>	9am to 11am	<input type="checkbox"/>	11am - 2pm	<input type="checkbox"/>	2pm to 5pm		

*Your call will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

Section 5. Access to Medical Reports

ACCESS TO MEDICAL REPORTS ACT (1988)

If we need to get a medical report from a doctor who has cared for you or a listed family member making a claim, we will need your consent, and while some medical practitioners are happy to accept the patient's verbal consent, some will require a written consent. You also have specific rights under The Access to Medical Reports Act 1988 as detailed below:

- We need your agreement before we can apply for a medical report from your doctor. You can refuse but if you do we will not be able to assess your application/claim.
- You can ask to see the report before your doctor sends it to us, or for up to 6 months after. If you wish to see the report, please tick the box on the declaration below to indicate you want to see the report. This might delay the assessment of your application/claim and your doctor may charge you a fee.
- If you think a part of the report is incorrect or misleading when you see it, you can ask your doctor to have it changed.
- If your doctor will not agree to this, you may wish to attach a statement of your own.
- You will not be entitled to see any part of the report which:
 - The doctor believes could seriously harm your physical or mental health, or that of others.
 - Indicates the doctor's intentions in respect of you.
 - Reveals information about another person, or the identity of someone who has given the doctor information about you (unless that person consents or is a health professional involved in caring for you).

We will write to you when we request the report. If you've asked to see the report before your doctor sends it to us, you will have 21 days from the receipt of our letter to contact your doctor. Once you have seen the report, your doctor needs your agreement to send it to us. If you don't arrange to see the report in 21 days, your doctor will be free to send it to us.

- Please tick here to confirm you have read the above and disclosed the information to all dependants listed on this form
- Please tick if you wish to see your medical report

Signature of main applicant:

X

Date:

/ /

Section 6. Underwriting Options

SWITCHING YOUR HEALTH INSURANCE TO CS HEALTHCARE

Our Switch underwriting option allow those with current or recent health insurance to join CS Healthcare with the same method of underwriting as their previous insurer. Accordingly, there are a number of qualifying criteria. Please check that you and any spouse/partner/dependants included within this application meet these conditions. If any applicants do not, we may be able to offer cover under a different policy. Please contact us for further information.

As the applicant you have to complete and sign this form on behalf of all the people to be insured. If you are unsure about any of the information we ask for, you should check with the person who it relates to. All applicants must:

- Be currently insured under a UK health insurance policy, or have had a policy of this kind which expired within 60 days of your requested policy start date with CS Healthcare
- Be a maximum age of 74 years and 11 months at the proposed start date of the policy
- Provide a copy of the most recent certificates of insurance for each dependant applying for switch terms
- Be able to answer 'No' to Questions 1 to 4 shown in this section (see below)^

Question 1

Within the last 5 years have you, or any spouse/partner/dependant, had any form of cancer, heart disease or heart condition, stroke, spinal surgery or spinal condition, joint replacement/resurfacing, degenerative changes, wear and tear or osteoarthritis for hip and/or knee pain?

Examples of Heart conditions:

- Coronary Artery Disease or Ischaemic Heart Disease including Angina
- Major Vessel Disease, Aortic Valve Disease (including Aortic Valve replacement/or Aortic Aneurysm) Bicuspid, Tricuspid (mitral), Pulmonary valve conditions, Heart Murmur
- Conduction/Rhythm Disorders e.g. Atrial Fibrillation, Syncope, Bradycardia, Tachycardia
- Cardiac Failure, Cardiomyopathy/Pericarditis/Endocarditis

Please note: If you are taking aspirin or medication to control blood pressure or cholesterol, but have not been diagnosed with a heart condition you may answer 'No' to this question.

No Yes If 'Yes' name of applicant(s):

Any applicant who has answered 'Yes' to Question 1 will not qualify for switch terms and will need to complete a Full Medical Underwriting & Moratorium Proposal Form.

Question 2

Have you or any spouse/partner/dependant had any consultations, diagnostic tests or treatment within the last 12 months?

No Yes If 'Yes' name of applicant(s):

Question 3

Do you or any spouse/partner/dependant have any consultations, treatment or diagnostic tests planned or pending with a GP, specialist or hospital?

No Yes If 'Yes' name of applicant(s):

Question 4

Do you or any spouse/partner/dependant have any conditions and/or symptoms for which you will require diagnostic tests or treatment within the next 6 months, whether or not you have consulted a medical practitioner?

No Yes If 'Yes' name of applicant(s):

If you have answered 'Yes' to Question 2, 3 or 4 please complete the Supplementary Medical Questionnaire in section 7. Please also submit any relevant discharge letters or information about your condition, as we may still be able to offer you switch terms.

Please note: We strongly suggest you do not cancel your existing insurance until we have confirmed in writing any personal exclusions, which may apply to your policy. We will be unable to validate your cover or authorise any claims until we have received and reviewed your previous certificate(s) of insurance. Additionally, if valid certificates are not received within 60 days of commencing your policy, CS Healthcare may terminate cover.

Selecting Switch Underwriting Terms:

Continued Personal Medical Exclusion (CPME)

CPME is a method of underwriting which may allow individuals who are currently insured with another provider to switch cover to CS Healthcare. With CPME terms you carry the current personal medical exclusions which apply to your existing policy across to a new policy with CS Healthcare. Eligibility for CPME terms will depend on the answers provided to some medical questions at application stage. We will also require a copy of your previous provider's medical insurance certificate as part of the application process.

Those individuals who qualify for switch terms and intend to switch to CS Healthcare from a Full Medical Underwriting, or a Continued Personal Medical Exclusions policy, will be offered CS Healthcare CPME terms.

Continued Moratorium (CM)

This option is designed to continue the date the original Moratorium period became effective provided no symptoms have occurred or that no treatment, medication or advice has been received during this period. Under Continued Moratorium we will automatically exclude pre-existing conditions for which you (and any dependant on the application) have received treatment for, taken medication for, asked advice on, or had symptoms of (whether or not diagnosed) during the five years immediately before your original moratorium start date.

However, if you do not have any symptoms, treatment, medication or advice (from your GP, a healthcare professional or a specialist) for those pre-existing conditions, and any directly related conditions, for two continuous years after your original moratorium start date, then we will reinstate cover for those conditions. Any new, unexpected eligible conditions arising after the start of your CS Healthcare policy will be covered immediately, subject to policy rules.

IMPORTANT NOTES

At the point of every claim, and before any treatment can be authorised, your General Practitioner (GP) will be required to submit a copy of the referral letter, so that we can confirm if the condition is new or pre-existing. This procedure is continuous throughout the life of the policy. Your GP may charge you for this service.

Please provide details of the method of underwriting which applies to the existing insurance for each person requesting cover.

Underwriting method for existing insurance			
Applicant/spouse/partner/dependant name	Full Medical Underwriting (FMU) or Continued Personal Medical Exclusions (CPME) ⁺	Moratorium (MOR) or Continued Moratorium (CM) [#]	Original Moratorium policy start date (DD/MM/YY)
	<input type="checkbox"/>	<input type="checkbox"/>	D D M M Y Y Y Y
	<input type="checkbox"/>	<input type="checkbox"/>	D D M M Y Y Y Y
	<input type="checkbox"/>	<input type="checkbox"/>	D D M M Y Y Y Y
	<input type="checkbox"/>	<input type="checkbox"/>	D D M M Y Y Y Y

Previous/existing insurer policy start date: D | D | M | M | Y | Y | Y | Y

Renewal/end of current policy date: D | D | M | M | Y | Y | Y | Y

I attach a copy of all previous certificates of insurance for each spouse/partner/dependant applying for switch terms

⁺ Those who qualify for switch terms transferring to CS Healthcare with Full Medical Underwriting or Continued Personal Medical Exclusions, will be offered Continued Personal Medical Exclusions (CPME).

[#] Those who qualify for switch terms transferring to CS Healthcare with a Moratorium or Continued Moratorium policy will be offered Continued Moratorium (CM).

Please note: CS Healthcare does not offer Medical History Disregarded (MHD) underwriting or switch terms for fixed moratorium policies.

Section 7. Supplementary Medical Questionnaire for switch terms

Please complete this section if you have any additional medical information you wish to supply. If you need more space to complete this section, please continue on separate sheets.

Applicant Name	
Condition/Symptoms	
Date(s) of consultation	D D M M Y Y Y Y D D M M Y Y Y Y
Treatment received	
Present state of the condition	
Any planned or pending consultations or treatment	
Date of last symptoms and treatment	D D M M Y Y Y Y

Applicant Name	
Condition/Symptoms	
Date(s) of consultation	D D M M Y Y Y Y D D M M Y Y Y Y
Treatment received	
Present state of the condition	
Any planned or pending consultations or treatment	
Date of last symptoms and treatment	D D M M Y Y Y Y

Applicant Name	
Condition/Symptoms	
Date(s) of consultation	D D M M Y Y Y Y D D M M Y Y Y Y
Treatment received	
Present state of the condition	
Any planned or pending consultations or treatment	
Date of last symptoms and treatment	D D M M Y Y Y Y

Section 8. Privacy Policy

In becoming the main applicant you have sought and agreed to act on behalf of any other person included within the policy. As such all membership documents and confirmation of how we have dealt with any claim/s under the policy will be sent to you.

How we may use your personal information:

- CS Healthcare sometimes uses third parties to process data on its behalf (if you would like further information as to these third parties please write to the Data Protection Officer).
- To aid CS Healthcare in detection and prevention of fraudulent claims we may disclose personal information about you to fraud prevention agencies that in turn may record, use and distribute this personal information to other organisations. In addition we work collectively with other organisations to share information relating to fraudulent/suspicious claims.
- Medical information or records will only be disclosed to those involved with your treatment or care, including your GP, companies or intermediaries, and, if applicable, to any person or organisation who may be responsible for meeting your treatment expenses.
- Under the terms of the General Data Protection Regulation (2016/679), you have the right to:
 - Be Informed about the collection and use of your personal data.
 - Access your personal data.
 - Rectify any inaccurate personal data or complete if it is incomplete.
 - To have your personal data erased.
 - Restrict or suppress the processing of your personal data.
 - Obtain and reuse your personal data for use across different services
 - Object to the processing of your personal data, in certain circumstances.
 - Request contest or human intervention for any automated decision making.If you wish to invoke any of these rights, please contact CS Healthcare's Data Protection Officer either verbally or in writing. Further information about these rights can be found on the ICO website <https://ico.org.uk/>
- CS Healthcare will use your personal data in order to administer your policy. This will involve contacting you via email and post about key events and information integral to the ongoing maintenance of your policy. In addition, your medical information will be needed to be processed in order to manage any claims you have with the society
- For all Data Protection queries please write to the Data Protection Officer at: Civil Service Healthcare, Society Limited, Princess House, Horace Road, Kingston Upon Thames, Surrey KT1 2SL

Telephone calls:

In the interest of continuously improving our service to members, calls to CS Healthcare will be recorded and may be monitored for training, quality assurance purposes and/or prevention and detection of crime.

CS Healthcare would like to keep you updated in regards to products and services that we believe may be of interest to you. We will only do this if you are happy to receive such information. Please tick below which methods you would like to be contacted by.

Email Post Telephone SMS

Consent: I understand that by completing this proposal I give explicit consent on behalf of myself and listed family members for CS Healthcare to process our personal information with respect to our membership.

Section 9. Declaration

I have read the Policy Summary (this can be found in the resources area of the website www.cshealthcare.co.uk) and recognise that if my application is accepted I will receive full documentation about my cover, including the Policy Document. If, for any reason, I wish to cancel my cover I can do so without obligation, provided that I write to CS Healthcare no later than 15 days after the policy documents are sent to me when I first join the Society. If so, a full refund will be made provided that no claims for benefit have been submitted against the policy.

I, on behalf of any spouse/partner/dependants, apply for cover and agree to be bound by the Policy terms and conditions of the plan for which I am applying. I understand English Law applies to the agreement between CS Healthcare and I, unless otherwise agreed between us in writing.

I declare that all the information given to CS Healthcare is true and complete to the best of my knowledge and belief whether given: on my behalf or on behalf of my spouse/partner/dependants for the purposes of receiving my quotation or as part of the application process.

I have read and understood this declaration.

If there has been any change to the information since it was supplied to you I declare that I have set out details of that change in this completed form.

I understand that if any of the information provided by me is incorrect or incomplete, CS Healthcare may be entitled to decline my claim, refuse to pay benefit and/or cancel my policy. I understand that by choosing Moratorium Underwriting I am not declaring any medical history at the time of application. However, all pre-existing conditions or symptoms (whether diagnosed or not), which existed in the 5 year period prior to my chosen join date, will not be covered until a 2 year continuous period has passed where no symptoms, treatment, medication or advice of any kind has been confirmed.

I understand that for each new claim for myself, my spouse/partner/dependants that I will need to provide a GP referral letter and any additional information required for the assessment of the claim. This may cause a delay in authorising treatment.

I understand that CS Healthcare can request a medical report to help them assess claims made against the policy for myself and any spouse/partner/dependants, and that any associated costs will be my responsibility.

Signature of main applicant: 

Date: / /

Please ensure you have completed the checklist on page 2 before returning the form. Once complete, please return this form to the Membership Services Team, using the envelope provided or E-mail: membership@cshealthcare.co.uk

Civil Service Healthcare Society Limited incorporated in England and Wales.
Registered Office: Princess House, Horace Rd, Kingston upon Thames, Surrey. KT1 2SL.

CS Healthcare is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority, reg. no. 205346.

