



**Independent Financial Advice**

15 Ashley Green Road CHESHAM HP5 3PE

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**Individual Private Medical Insurance Questionnaire**

Your full name

Your Date of Birth  Your Spouse (or Partner) 's Date of Birth

Do You Smoke ? Yes No Does Your Spouse (or Partner) Smoke ? Yes No

What is your weekly consumption of alcohol ? \_\_\_ Units .. and your partner's ? \_\_\_ Units

Ages of Children to be covered : \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Your Home Address

Post Code

Telephone No. : Day \_\_\_\_\_ Evening \_\_\_\_\_

Your Occupation ? Are you Self Employed?  Yes  No

Your height  Your weight

Q1 . Have you or any person included in this enquiry had an operation or hospital treatment, or visited a specialist/ consultant in the last three years?

Please answer Yes or No

Q2. Have you or any person included in this enquiry seen a doctor, physiotherapist, practice nurse, osteopath or chiropractor, or received a prescription for medication in the last 12 months (or are planning to seek treatment or advice). Please ignore visits for coughs, colds, flu, health checks, vaccinations, pregnancy, contraception or hormone replacement therapy.

Please answer Yes or No

Q3. Have you or any person included in this enquiry suffered from any form of heart disease, heart problems, stroke, cancer, diabetes, any alcohol or drug problems or mental illness other than depression?

Please answer Yes or No

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|--|
| <b>About Your lifestyle</b>  |
| Has any applicant been told by a medical professional that they are obese? Yes No  |
| Has any applicant smoked tobacco products in the last 3 years? Yes No  |
| Do any of the applicants after management (medication or diet) have high blood pressure? Yes No Don't know   |
| Do any of the applicants after management (medication or diet) have high cholesterol? Yes No Don't know  |
| How much time do all applicants spend a week participating in exercise or sport?<br><b>Please select...</b> Less than 1 hour 1 - 3 hours More than 3 hours |



Proprietor : Michael A. Both B.Com(Hons) MSTA, Cert PFS, Dip Prof Financial Advice

Authorised and regulated by the Financial Conduct Authority No. 144745

**A Wide Choice of Schemes and Hospitals :**

Not all Private Medical Insurance Schemes cover the same treatments, or rate hospitals in the same way. To help us match your requirements as closely as possible, please indicate which of the following features you want to be included in your quote, by ticking the following alternatives.

- |     |   |     |
|-----|---|-----|
| 1.  | Completely unrestricted choice of hospitals   | U   |
|     | <b>or</b> Hospitals mainly local to your home   | L   |
| 2.  | Single Room with own bathroom   | SO  |
|     | <b>or</b> Single room sharing bathroom  | SS  |
|     | <b>or</b> Whatever private rooms are available  | AR  |
| 3.  | Immediate access to Private Medical Insurance   | IA  |
|     | <b>or</b> Private Medical Insurance only if NHS cannot treat you within 6 weeks   | W   |
| 4.  | Full cover for Outpatient treatment   | FO  |
|     | <b>or</b> High level of cover for Out-patient treatment (Typically £750 per year)   | HO  |
|     | <b>or</b> No cover for Out-patient treatment (Unless following In-Patient Treatment.)   | NO  |
| 5.  | Insurance while you are abroad (Ideal for frequent travellers.)   | TR  |
| 6.  | Are you prepared to pay for any Voluntary Excess, to reduce the cost ? Tick if 'Yes'  | VXS |
| 7.  | Do you want a 'No Claims Discount Scheme', where your premium at renewal will rise and fall according to whether or not you make any claims ? Tick if 'Yes' | NCD |
| 8.  | Do you wish to pay                      Monthly                      Annually   |     |
| 9.  | Are you currently insured ?              Yes                      No  |     |
|     | If so, with whom ? _____  |     |
|     | Which Scheme ? _____  |     |
|     | Which Scale (Band) ? _____ Voluntary Excess £   |     |
|     | When is your Renewal Date ?   |     |
| 10. | Are there any other features you particularly require ?   |     |
| 11. | Does anybody you wish to include suffer from any conditions which an Insurer might exclude ? (This is not always a problem.) Tick if 'Yes'                  | PEC |

***THANK YOU - Now please email this form to***

***[support@michaelphilips.co.uk](mailto:support@michaelphilips.co.uk)***