



General
Medical &

sportsinsurance4u
Sports Accident Insurance
Application for teams

Here to Help

If you require any assistance the General & Medical team are trained to give you any help you need.

Any questions relating to the cover you wish to purchase or about completing this form please contact us on **0800 980 4601** or **01733 362872**.

Whether you're new to Sports Accident Insurance or switching from another provider, General & Medical will supply you with easy to understand literature.

We do not operate complicated telephone systems or call centres, so there is always your personal Client Relations Co-ordinator to help you with any queries or questions, which may arise.

IMPORTANT NOTICE - Information we need to know about

You must take reasonable care to provide complete and accurate answers to the questions we ask. Please contact us on **0800 980 4601** or **01733 362872** if you do not understand the question or the nature of the information required. If the information provided by you is not complete and accurate:

- we may cancel your policy and refuse to pay any claim, or
- we may not pay any claim in full, or
- we may revise the premium, or
- the extent of the cover may be affected.

If any of the information provided by you changes after your policy starts please send us details either directly or through your broker.

We recommend you keep a record of all information you send us, including copies of letters, for your future reference. We will send you a copy of the completed application on request.

GENERAL NOTES

- The cover will not start until we have accepted your application.
- We may ask you/the team to contact your doctor if we are experiencing delays in receiving reports which we have asked for.
- We have a privacy policy in place which means we hold your medical information securely and access is limited to authorised individuals who need to see it.
- You are entitled to ask for a copy of our standard terms and conditions and a copy of your application form at any time.
- **Please note:** Sports Accident covers amateur activities. Professionals are not eligible to take out our Sports Accident cover. We class professionals as those earning more than £10,000 per year from participation in their sport

Sports Accident Insurance Application

Please complete this application in BLACK INK using CAPITALS.

TEAM INFORMATION

Team Name:	<input type="text"/>	Team Secretary or Administrator:	<input type="text"/>
Team/Correspondence Address:	<input type="text"/>	Telephone:	<input type="text"/>
	<input type="text"/>	Fax:	<input type="text"/>
	Postcode: <input type="text"/>	Email Address:	<input type="text"/>
Sport: (Please ensure your team is covered for the correct category)	<input type="text"/>	Level/Grade/League of Sport (where applicable):	<input type="text"/>

PREFERRED START DATE

Start Date: the date from which you require cover to begin*

D	D	M	M	Y	Y	Y	Y
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*Please note: cover is subject to acceptance by General & Medical and their underwriters and payment of the appropriate premium. Whilst we will try to begin cover on the date indicated it cannot be guaranteed. There may be some circumstances where we have agreed to hold cover but you should note that we will not back date applications/cover.

SELECTING YOUR SCHEME

Please enter the number of adult members applying for each cover in the boxes below. You will also need to supply details of every adult and child to be covered under the scheme on a separate membership information sheet. We can supply a template or you can send us your own.

Sports Accident Key Sports Accident Sports Accident Plus Sports Accident Elite

Total number of members on all plans to be taken on cover:

Please note: If the policy is to insure children under the age of 16, only Sports Accident Key and Sports Accident are available.

Optional Multi-Trip Travel Insurance Upgrade (over 16's only)

Please enter the number of members applying for Multi-Trip Travel Insurance:

- Europe (including Republic of Ireland, Canary Islands, Iceland, Madeira and countries bordering the Mediterranean)
- Worldwide (excluding USA and Canada)
- Worldwide (including USA and Canada)

The following countries are excluded from all levels of cover: Afghanistan, Algeria, Central African Republic, Chechnya, Democratic Republic of Congo, Egypt, Iran, Iraq, Israel (Gaza Strip and West Bank only), Lebanon, Libya, Nigeria, North Korea, Somalia, South Sudan, Sudan, Syria, Tunisia and Yemen.

Sports Accident Insurance Application

UNDERWRITING EXPLAINED

You are required to make a declaration regarding your health and tell us about any conditions which existed before joining our scheme even if a medical opinion had not been sought. Applicants must disclose relevant information. After the application form is submitted we will review the information and decide on what basis we will provide cover. We will then inform you of any pre-existing medical conditions or other medical conditions that will be excluded from cover either permanently or to be reviewed after a pre-determined period of membership.

MEDICAL DECLARATION

Please answer the following declaration on behalf of all applicants:

I confirm that none of the applicants have any current or previous injury or condition, irrespective of whether a medical opinion has been sought, that may give rise to a claim under this policy, or increase the risk of a claim under this policy.

Agree Disagree

If you answered "Disagree", please supply full details in the following boxes. You must also give details of any other relevant information below. Please continue on a separate sheet if necessary and enclose with your application.

Name of applicant	Type of injury or condition	Further details including dates

Sports Accident Insurance Application

POLICY DECLARATION

APPLICATION CHECK LIST

Before you return this application please ensure you have:

- Entered and checked all personal details for either yourself or your team.
- Selected your scheme.
- Completed your payment details, if paying by Direct Debit.
- Signed the Policy Declaration.
- Read and keep for your information 'The Direct Debit Guarantee'.

Scheme Administrator Name and Position:

Date of Birth:

Please give details of other persons nominated by the team, in the absence of the above named Scheme Administrator, with whom General & Medical may communicate to discuss any issues or queries that may arise. Under the terms of the Data Protection Law we cannot discuss any information regarding the team with anyone other than the nominated people.

Name and Position:

Name and Position:

POLICY DECLARATION

- I understand that this application is subject to written acceptance by General & Medical and associated underwriters.
- I understand that by signing this declaration I am applying on behalf of all applicants to be covered by this policy and am doing so with their full consent. I also agree to receive all policy related documentation on behalf of all applicants.
- I give permission to the disclosure of the medical information I've provided for risk management and underwriting purposes to any employee in the General & Medical group and associated underwriters. This information can also be used to maintain management information for business analysis.
- I will inform you immediately of any changes to the information supplied that occurs before the policy starts.
- I agree to General & Medical and associated underwriters accepting medical reports sent and issued directly from the doctor's surgery of any applicant to be covered by this policy.
- I declare that persons named on this application earn no more than £10,000 per year from participation in their sport.
- I/we confirm that the statements made on this application form are true and correct. I/we have taken care not to make any misrepresentation in the disclosure of this information and understand that all information provided is relevant to the acceptance and assessment of this insurance policy, the terms on which it is accepted and the premium charged. I declare that the persons named on this application are resident in the UK.
- I understand that General & Medical and associated underwriters reserve the right, based on the Health Information supplied, to exclude those with adverse medical history or to exclude a specific condition or to impose an excess on claims.

Signature of scheme administrator on behalf of all applicants:

Date:

Print name:

Please detail any further information you feel necessary on a separate sheet and attach to this application.

Direct Debit Instructions

HOW TO PAY

Instruction to your Bank or Building Society to pay by Direct Debit

Please return this completed form to:

**Freepost RLUK-TEYE-UYRU, General & Medical Finance Ltd,
General & Medical House, Napier Place, Peterborough, PE2 6XN.**



Service User Number

8	5	6	7	6	0
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Name and full postal address of your Bank or Building Society:

To: The Manager	Bank/Building Society
Address:	
Postcode:	

For General & Medical Finance Ltd official use only
This is not part of the instruction to your Bank or Building Society

Instruction to your Bank or Building Society

Please pay General & Medical Finance Ltd 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 General & Medical Finance Ltd and, if so details will be passed electronically to my Bank/Building Society.

Name(s) of Account Holder(s):

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Branch Sort Code:

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Bank/Building Society Account Number:

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Reference:

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Signature(s):

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Date:

Print name:

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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.

The Direct Debit Guarantee



- 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 General & Medical Finance Ltd will notify you 10 working days in advance of your account being debited or as otherwise agreed. If you request General & Medical Finance Ltd 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 General & Medical Finance Ltd 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 General & Medical Finance Ltd 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.

In order to process your application quickly and correctly please complete this application form fully. Please enclose any additional information you feel necessary on a separate sheet. Please make sure the form is signed where applicable including the Direct Debit instruction and return the entire application form in the enclosed reply paid envelope or send it FREEPOST to the following address:

**Freepost RLUK-TEYE-UYRU, General & Medical Finance Ltd, General & Medical House,
Napier Place, Peterborough, PE2 6XN (NO STAMP REQUIRED)**

Contact Us:

Tel: 0800 970 9442

Email: info@generalandmedical.com

Website: www.sportsinsurance4u.com

General & Medical Healthcare

General & Medical House, Napier Place, Peterborough, PE2 6XN

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A-4015-V1.9

