

Individual Business



We fully appreciate and respect the confidential nature of your personal information. We can confirm that this information will only be passed onto any insurers who we invite to quote and not any third parties. If you are providing information about another person please can you ensure that they know what you are doing and are happy to have this information shared with us. You are not obliged to provide any personal information but if you do not do so we may not be able to offer a valid or accurate quotation.

Your name

Main applicant	Surname	Your occupation	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Home address	City	Postcode	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Family members (Please include your name if to be covered)

First name	Surname	Date of birth <small>(Date / Month eg: MAR / Year)</small>	Nationality
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>
Have you ever had any PMI cover?	If Yes name of Insurer	Policy number	Renewal date <small>(Date / Month eg: MAR / Year)</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Do you have any pre-existing or on-going medical conditions or are on regular medication?	If so please can you provide a brief synopsis		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		

First name	Surname	Date of birth <small>(Date / Month eg: MAR / Year)</small>	Nationality
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>
Have you ever had any PMI cover?	If Yes name of Insurer	Policy number	Renewal date <small>(Date / Month eg: MAR / Year)</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Do you have any pre-existing or on-going medical conditions or are on regular medication?	If so please can you provide a brief synopsis		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		

First name	Surname	Date of birth <small>(Date / Month eg: MAR / Year)</small>	Nationality
<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>	<input type="text"/>
Have you ever had any PMI cover?	If Yes name of Insurer	Policy number	Renewal date <small>(Date / Month eg: MAR / Year)</small>
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>
Do you have any pre-existing or on-going medical conditions or are on regular medication?	If so please can you provide a brief synopsis		
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>		

Individuals to be covered (Please include your name if to be covered)

First name <input type="text"/>	Surname <input type="text"/>	Date of birth <small>(Date / Month eg: MAR / Year)</small> <input type="text"/>	Nationality <input type="text"/>
Have you ever had any PMI cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes name of Insurer <input type="text"/>	Policy number <input type="text"/>	Renewal date <small>(Date / Month eg: MAR / Year)</small> <input type="text"/>
Do you have any pre-existing or on-going medical conditions or are on regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please can you provide a brief synopsis <input type="text"/>		

First name <input type="text"/>	Surname <input type="text"/>	Date of birth <small>(Date / Month eg: MAR / Year)</small> <input type="text"/>	Nationality <input type="text"/>
Have you ever had any PMI cover? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes name of Insurer <input type="text"/>	Policy number <input type="text"/>	Renewal date <small>(Date / Month eg: MAR / Year)</small> <input type="text"/>
Do you have any pre-existing or on-going medical conditions or are on regular medication? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so please can you provide a brief synopsis <input type="text"/>		

UK only

- | | |
|--|--|
| <input type="checkbox"/> Comprehensive policy | <input type="checkbox"/> Dental cover |
| <input type="checkbox"/> More basic budget plan | <input type="checkbox"/> Travel cover |
| <input type="checkbox"/> Full consultant & hospital choice | <input type="checkbox"/> Psychiatric cover |
| <input type="checkbox"/> Limited selection provided by the Insurer | <input type="checkbox"/> Routine maternity cover
<small>(Normally excluded on UK plans)</small> |
| <input type="checkbox"/> Face-to-face private GP consultations | |

International

- Cover required worldwide**
 Including USA Excluding USA
-
- Quote to be supplied in**
 GB pounds US Dollars Euros
-
- Cover to include**
 Evacuation Repatriation

Please sign and date

Your name <input type="text"/>	Date <small>(Date / Month eg: MAR / Year)</small> <input type="text"/>
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Don't forget to save and return completed form to: info@anderson-health.com

andersonhealth

Independent. Impartial. Advisors. Healthcare policies which answer your personal needs.

Anderson Health is an independent firm of Private Medical Insurance brokers, based in the city of London since 1996, offering advice to city institutions, foreign governments, large corporates, law firms, SME's, expats and many individuals and families. We pride ourselves on our outstanding customer service negotiating the best renewal terms available to help our clients save money while staying with their existing provider.