

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

Title (Mr, Mrs, Miss, Ms)	First name	Surname	Your occupation
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home address	City		Postcode
<input type="text"/>	<input type="text"/>		<input type="text"/>
Phone / Mobile number	Email address		
<input type="text"/>	<input type="text"/>		

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

Title (Mr, Mrs, Miss, Ms)	First name	Surname	Date of birth (Date / Month eg: MAR / Year)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>		
Nationality	Have you ever had any PMI cover?	Name of Insurer	Policy number		
<input type="text"/>	Yes No	<input type="text"/>	<input type="text"/>		
Renewal date (Date / Month eg: MAR / Year)	Do you have any pre-existing medical conditions, do you have any regular or routine check-ups or tests and are you taking any prescribed drugs or regular medication?	Yes No	Have you smoked or used nicotine products in the last 12 months	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you play sport on a professional or semi-professional basis? Yes No
<input type="text" value="/"/> <input type="text" value="/"/>	If YES please can you provide a brief synopsis				
<input type="text"/>					

Please note that pre-existing conditions are generally not covered

Title (Mr, Mrs, Miss, Ms)	First name	Surname	Date of birth (Date / Month eg: MAR / Year)		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="/"/> <input type="text" value="/"/>		
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Title <small>(Mr, Mrs, Miss, Ms)</small>	First name	Surname	Date of birth <small>(Date / Month eg: MAR / Year)</small>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Nationality	Have you ever had any PMI cover?		Name of Insurer	Policy number	
<input type="text"/>	Yes No		<input type="text"/>	<input type="text"/>	
Renewal date <small>(Date / Month eg: MAR / Year)</small>	Do you have any pre-existing medical conditions, do you have any regular or routine check-ups or tests and are you taking any prescribed drugs or regular medication?		Yes No	Have you smoked or used nicotine products in the last 12 months	Yes No
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Points to consider

Would you consider a high excess to keep premiums down?	Yes No	Would you be prepared to pay towards the cost of investigations and preliminary treatment in order to keep costs down?	Yes No
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Please select either **UK OR International**

UK

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

International

- | | | |
|---------------------------------|---------------|--------------------|
| Comprehensive policy | Dental cover | Travel & Maternity |
| Cover required worldwide | | |
| Including USA | Excluding USA | |
| Quote to be supplied in | | |
| GB pounds | US Dollars | Euros |
| Cover to include | | |
| Evacuation | Repatriation | |

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Additional information

Please sign and date

Your name

Date (Date / Month eg: MAR / Year)

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.