

Halcyon HealthCare Ltd

Specialist Independent Private Medical Insurance Intermediaries
 Wetherby Business Centre, 14-18 York Road, Wetherby LS22 6SL Tel 0113 393 0707

Company Client's Healthcare Needs Analysis Questionnaire

Company Name:							
Main Office Address							
Postcode							
Business Activity							
Company Healthcare Administrator's Name							
Title: (Mr, Mrs, Miss, Other Title)							
Contact Telephone No		Day					
Contact Telephone No		Evening					
Contact Telephone No		Anytime					
E-mail address							
Details of Directors & employees (or individual or family members) to be included in a proposed PMI Scheme							
	Title	Surname	First name(s)	Age in Years	Age in Months	Position in or Company	Family Relationship e.g. Father / Mother etc
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
15							
16							
17							
18							
Current Private Medical Insurance (if any)							
PMI		Provider:			Policy Name:		
Level of Cover:				Underwriting terms:			
Excess:		Payment Monthly/Annually?			Start Date		Renewal Date
Cash Plan		Provider:			Policy Name:		
Level of Cover		Payment Monthly/Annually?			Start Date		Renewal Date

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Scope of PMI Cover required:	Essential	Desirable	Not required	Recommended by Adviser					
Out-patient Treatment									
Day-patient Treatment									
In-patient Treatment									
Private hospital									
Private-wing of									
NHS hospital									
A budget policy that provides full private out-patient cover but would only provide private in-patient & day-patient treatment if NHS could not provide you or your staff/dependents with in-patient treatment within six weeks (saving between 20% & 30% on premiums)									
A policy where the premiums take account of your lifestyle and level of fitness, including details of height, weight, smoker/non smoker, alcohol consumption and recent health record?									
A policy for Families/Individuals that provides out-patient cover to achieve a diagnosis, but only covers treatment for named medical conditions. These conditions are the ones that normally have long NHS waiting lists. NB Among other treatments, Cancer treatment is excluded and no CPME Switch Terms are available									
Names of your preferred local hospitals	1								
	2								
	3								
	Essential	Desirable	Not required	Recommended by Adviser					
Cover for emergency treatment overseas									
Cover for physiotherapy									
Cover for alternative therapies	Osteopathy								
	Chiropractic								
	Homeopathy								
	Chiropody								
	Acupuncture								
Psychiatric treatment									
Investigations into infertility									
Complications in pregnancy									
Maternity cash benefit									
Parent accompanying a child									
Oral surgical procedures									
Dentistry									
Preferred underwriting terms	Full Medical U/W	Moratorium	Switch / CPME	MHD					
Preferred level of excess to be applied to the policy									
The excess is the amount the insured member agrees to pay towards treatment to reduce premium costs.									
£0	£50	£100	£150	£200	£250	£500	£1,000	£2,000	£5,000
Additional information/Comments					Claims history on current policy?	Dangerous sports/hobbies?	Serious previous medical conditions?		
Please call 0113 393 0707 if you are undecided about how to complete this form.									
My preferences for a Private Medical Insurance policy have been entered into this questionnaire to my satisfaction so that Halcyon HealthCare can bring policies to my attention that best fit my preferences. I understand that the information that I have given will be kept confidential and secure in compliance with the Data Protection Act and that I am under no obligation to proceed with a policy as a result of providing this information.									
Name	Signature			Date					

