

Halcyon HealthCare Ltd

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

Individual/Family Client's Healthcare Needs Analysis Questionnaire

Name:	
Address	
Postcode	
Occupation	
Spouse's Occupation	
No. of dependents (Under 18 years old)	
Contact Telephone No	Day
Contact Telephone No	Evening
Contact Telephone No	Anytime
E-mail address	
Details of all family members to be included in scheme	

	Title	Surname	First name(s)	Age in Years	Age in Months	Relationship to proposed policy holder
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

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	Don't Know					
Out-patient Treatment									
Day-patient Treatment									
In-patient Treatment									
Private hospital									
Private-wing of									
NHS hospital									
Would you be happy to use NHS in-patient facilities if the NHS could treat you within 6 weeks if this reduced your premiums?				Yes / No					
Do you undertake regular exercise including walking, fitness and golf for at least 3 hours per week?				Yes / No					
Do you spend more than 3 months abroad in any 12 month period?				Yes / No					
Names of your preferred local hospitals (if any)	1								
	2								
	3								
	Essential	Desirable	Not required	Don't Know					
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 (if known)	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 needs. 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. I also understand that failure to disclose a material fact in relation to this insurance may result in the non-payment of a future claim .									
Name	Signature				Date				