|  |  |
| --- | --- |
| Customer Information |  |
| Company Name: |  |
| Postcode: |  |

Info for private medical insurance

|  |  |
| --- | --- |
| Existing Insurer Information |  |
| Start date / Renewal date of Policy: |  |
| Current Insurer: |  |
| No. of years with current provider: |  |
| Current plan name: |  |
| Underwriting: |  |
| Payment Frequency: |  |
| Payment Method: |  |
| Current Excess Level: |  |
| Current Premium: |  | Renewal Premium: |

|  |
| --- |
| Standard out-patient / No out-patient |
| Enhanced out-patient £1000: |
| Full out-patient: |
| Therapies: |
| Mental Health: |
| Dental and Optical: |
| Full Cancer: |
| Travel: |
| Extended Cover: |

If more than 10,please use excel spreadsheet

|  |  |  |  |
| --- | --- | --- | --- |
|  | Name | Age/date of birth | Single/Couple/Family/Parent & Child |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |
| 6 |  |  |  |
| 7 |  |  |  |
| 8 |  |  |  |
| 9 |  |  |  |
| 10 |  |  |  |

Notes