



# Employee enrolment form

Please complete an enrolment form for each employee to be covered under your group scheme and return to:  
AXA PPP healthcare, Beechcroft House, Ervington Court, Meridian Business Park, Leicester LE19 1WN.

**For office use only:**

Mem. no:

Agent no:

Group no:

Rec'd:

w.e.f.



## 1 Employee details

1.1 Business name:

1.2 Group number: (if joining an existing scheme)

1.3 Employee title and name:

Mr  Mrs  Ms  Miss

Other:

First name:

Last name:

1.4 Employee home address:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>
Postcode: <input type="text"/>

1.5 Employee phone number:

(including the area code)

1.6 Employee date of birth:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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1.7 Email address:

1.8 Job title:

1.9 Employee cover start date:





## 2 Employee cover details

2.1	Full name: (including title) <input type="text"/>	Relationship to policyholder: <input type="text"/>
	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2.2	Full name: (including title) <input type="text"/>	Relationship to policyholder: <input type="text"/>
	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2.3	Full name: (including title) <input type="text"/>	Relationship to policyholder: <input type="text"/>
	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2.4	Full name: (including title) <input type="text"/>	Relationship to policyholder: <input type="text"/>
	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
2.5	Full name: (including title) <input type="text"/>	Relationship to policyholder: <input type="text"/>
	Date of birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female

## 3 Level of cover to be provided

3.1	Plan selection – (Please tick appropriate box) <input type="checkbox"/> Directors <input type="checkbox"/> Executive 6 <input type="checkbox"/> VIP <input type="checkbox"/> Business Express <input type="checkbox"/> Executive <input type="checkbox"/> Business Express 6	3.3	Medical underwriting terms – (Please tick appropriate box) <input type="checkbox"/> New member (two year moratorium) <input type="checkbox"/> Switching to us from another insurer (same medical underwriting terms) <input type="checkbox"/> Fully underwritten (with medical history declared)
3.2	Excess level – (Please tick appropriate box) <input type="checkbox"/> None <input type="checkbox"/> £100 <input type="checkbox"/> £200 <input type="checkbox"/> £500		

## 4 Data Protection Act



### Data Protection Act – you will see this sign where we ask you to give personal information

Please make sure that you either show this statement to anyone covered by this scheme, or inform them of its contents before you return this form.

To set up and administer this scheme AXA PPP healthcare limited will hold and use information about you, your company's employees and their family members covered by the policies under the scheme, supplied by you, your company's employees and their family members or medical providers.

Please ensure that you only provide us with sensitive personal information, such as health information, about other people with their agreement. When you give us this information we will take this as confirmation that you have consent to do so.

We send personal and sensitive personal information in confidence for processing by other companies and intermediaries, including those located outside the European Economic Area.

We send correspondence relating to members of the group, including claims correspondence, to the relevant policyholder unless we are advised to send it to the family member concerned.

We are required by law, in certain circumstances, to disclose information to law enforcement agencies about suspicions of fraudulent claims and other crime. We will disclose information to third parties including other insurers for the purposes of prevention or investigation of crime including reasonable suspicion about fraud or otherwise improper claims. This may involve adding non-medical information to a database that will be accessible by other insurers and law enforcement agencies. We are obliged to notify the General Medical Council or other relevant regulatory body about any issue where we have reason to believe a medical provider's fitness to practice may be impaired.

AXA PPP healthcare limited may contact the policyholder with details of other products and services. We may also share some of the policyholders details with other AXA Group companies or other carefully selected companies based within the European Economic Area to enable them to contact the policyholder with details of and, if appropriate administer, their products and services. We may contact the policyholder by post, telephone, or electronically if appropriate. By signing and returning this form you will be indicating to us that the policyholder consents to these uses to enable the policyholder to receive marketing information from AXA PPP healthcare as well as from other AXA UK Group companies and/or third party companies. If the policyholder does not consent, or you have not asked the policyholder whether the policyholder consents please tick the box to indicate this .

Signature  
of Group  
Secretary:

Date:

**Please note:** You are advised to keep a record of all information supplied in connection with this application, including any letters you send to us in connection with it. If you would like a copy of this application form please let us know within three months.

**For Agent/Intermediary use only**

Intermediary name:

Intermediary code:

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