LPFTrusts

MEDICAL SCHEME

ADDITIONAL MEMBER

APPLICATION FORM

Application Form

Are you applying in your own right? ◯

Are you applying to add yourself to an existing member? ◯

Main Member Name: Main Member DOB:

Relationship to main member:

Applicant Full Name:

Title: Mr/Mrs/Miss/Ms/Other (please state):

Home Address:

Postcode:

Date of Birth:

Home Email:

Home Tel: Mobile Tel:

Please provide a clinical summary with this application form.
This is a clinical overview provided by your GP of your medical history. This is not your full medical record. Your application will not be accepted without this.

If you are applying in your own right we will forward you Direct Debit details to arrange payment.

Please tick here if you wish to add additional family members and we will forward you the relevant details ◯

Health **Declaration**

Please note this declaration will in no way effect your application being accepted, it will enable us to deal with your claims in the future.

1. Are you currently receiving drugs or treatment prescribed by a Doctor?
   YES / NO (please circle)

2. Have you had treatment or undergone investigation at a hospital either as an inpatient or as an outpatient in the last 5 years?
   YES / NO (please circle)

If you have answered yes to either of the above questions please provide details below:

3. Have you ever been diagnosed with, or received treatment for, any of the following conditions?

	Yes	No		Yes	No
Back injury			Heart disease		
Lower gastro-intestinal disorder			Upper gastro-intestinal disorder		
Allergies (inc. to medications)			Seizures/fainting/dizziness		
Tuberculosis			Hearing difficulty		
Muscular disorder			Hernia		
Diabetes			Headaches		
Opthalmological issues			Permanent defect from illness		
ENT issues			Thyroid issues		
Abnormal smear			Abnormal prostate		

If you have ticked 'yes' to any item listed overleaf, please give full details including symptoms, dates and nature of any treatment. *Continue on a separate sheet if necessary:*

4. Have you received or are you currently receiving any treatment or diagnosis for any other condition not listed overleaf?

5. Have you ever been diagnosed with a chronic condition?
   If yes, please provide as many details as you can in regard to the above:

6. Current medication taken. Please list below:

Medicine	**Dose** (eg: 10mg)	**Frequency** (eg: 1 daily)	**Date Started**

7. How would you describe your current health (please circle):
   Excellent ◯ Good ◯ Fair ◯ Poor ◯

8. Is there anything you are aware of with regards to your health that you think may be of relevance to us, please provide details:

AUTHORITY TO RELEASE MEDICAL DETAILS *In order to fully evaluate your application it may be necessary for us to obtain medical details from the consultant/practitioner.*

I hereby give consent for access to medical records in accordance with the Access to Medical Records Act 1988.

I declare that, to the best of my knowledge and belief, the statements provided in this declaration are true and complete and all material facts have been disclosed.

Signature of applicant: Dated:

NB: Once accepted you will be invited for a complimentary wellness check with the LPF Trusts Nurse. This is not compulsory but may be of use to you.

Here at LPF Trusts we take your privacy seriously and will only use your personal information to administer your membership and to provide the services that you have requested from us.

How do we collect information from you?

We will collect personal information about you when you join the Scheme and register a claim. We also obtain personal information from the contracted providers of your services such as the medical facility at which you are treated and the underwriter of your insurance policy.

What type of information is collected?

We collect personal information such as your name, address, contact information and personal medical information pertaining to your claims.

How will we use this information?

We use the information provided to administer your membership and to provide the services you have requested from us.

We will never pass on your information to any other external organisation for the purpose of marketing.

How we use **your data**

Scheme Marketing and Updates

We will never pass on your personal information to any other organisation for the purpose of marketing; however, from time to time we would like to contact you with details our internal promotions, special offers and upcoming events. If you consent to us contacting you for this purpose, please tick the relevant boxes to say how you would like to be contacted:

Post ◯ Email ◯ Telephone ◯ SMS/Text Message ◯

We will contact you with any updates or changes to the service provided as part of your membership.

How to contact us

Please contact us if you have any questions about how we use your data or information we hold about you:

LPF Trusts
Suite B
Lancaster House
Grange Business Park
Enderby Road
Whetstone
Leicester
LE8 6EP

Full information can be found at **www.lpf-trusts.co.uk**

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E: medical@lpf-trusts.co.uk

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