

Health Cost Exemption

Full Name

First Name

Last Name

Contact Number

Please enter a valid phone number.

Email Address

example@example.com

Address

Street Address

Street Address Line 2

Town/City

Country

Post Code

Annual Net Household Income (£)

Do you have savings or investments over £16,000?

- ☐ Yes
- ☐ No

Occupation Status

- ☐ Employed
- ☐ Unemployed
- ☐ Retired
- ☐ Student
- ☐ Carer

Select all of the following chronic medical conditions that you experience

- ☐ Diabetes
- ☐ Epilepsy
- ☐ Arthritis
- ☐ Other

List all prescription medication used within the last 30 days

I Declare That I am an Ordinary Resident In Wales

- ☐ Yes