

Broker's stamp

Policy number
Effective date <i>(Cover may not be backdated)</i>

Return completed form to your
Financial Advisor or Broker or to:
MediCare International Limited
The Matrix, 9 Aldgate High Street
London, EC3N 1AH, England
Telephone: +44 (0) 20 7204 3700
Facsimile: +44 (0) 20 7204 3746
Email: medicare@medicare.co.uk
Website: www.medicare.co.uk

Group Application Form

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK RELEVANT BOXES

Company Details

Company name: _____

Mailing address: _____

Postcode: _____ Country: _____

Telephone: _____ Email: _____

Type of business: _____

Contact name at company: _____ Position: _____

Introducing Broker Details

Broker name: _____

Mailing address: _____

Postcode: _____ Country: _____

Telephone: _____ Email: _____

Broker code: _____ Contact name at broker: _____

Cover Required

International Plan	<input type="checkbox"/>	Area 1 Worldwide excluding	<input type="checkbox"/>	Voluntary Excess Option	<input type="checkbox"/>
International Plus Plan	<input type="checkbox"/>	USA, Canada & Caribbean	<input type="checkbox"/>	£500/\$850/€650	<input type="checkbox"/>
Executive Plan	<input type="checkbox"/>	Area 2 Worldwide	<input type="checkbox"/>	£1,000/\$1,700/€1,300	<input type="checkbox"/>
Executive Plus Plan	<input type="checkbox"/>	Mix of areas As declared on	<input type="checkbox"/>	£5,000/\$8,500/€6,500	<input type="checkbox"/>
Tailormade Plan	<input type="checkbox"/>	Employee Application Forms	<input type="checkbox"/>	£10,000/\$17,000/€13,000	<input type="checkbox"/>
Excess Waiver for Outpatient Services	<input type="checkbox"/>				

Persons To Be Insured

Compulsory Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No	Voluntary Plan	<input type="checkbox"/> Yes <input type="checkbox"/> No
Covering:		Covering:	
All employees	<input type="checkbox"/>	All employees	<input type="checkbox"/>
All employees and dependants	<input type="checkbox"/>	All employees and dependants	<input type="checkbox"/>
Selected categories of employees	<input type="checkbox"/>	Selected categories of employees	<input type="checkbox"/>
Selected categories of employees/dependants	<input type="checkbox"/>	Selected categories of employees/dependants	<input type="checkbox"/>

Premium Payment

Currency	Frequency	Method
Sterling <input type="checkbox"/>	Annually <input type="checkbox"/>	By cheque or bank draft <input type="checkbox"/>
Euro <input type="checkbox"/>	Semi Annually <input type="checkbox"/>	(drawn on a UK bank account payable to MediCare International Limited)
US Dollars <input type="checkbox"/>	Quarterly <input type="checkbox"/>	By bank transfer <input type="checkbox"/>
		(MediCare will provide bank account details on request)

Requested Start Date

On acceptance Other date

We cannot commence cover until we have accepted your Group Application Form and the Employee Application Forms submitted by your employees and have received payment of your first annual, semi-annual or quarterly premium. Cover cannot be backdated.

Declaration and Authorisation

We hereby apply for a MediCare Group Plan as specified above. We have read the Group Plan Rules carefully, requested further information on any points we do not understand and agree to accept the terms therein on behalf of our eligible employees and dependants to be insured. We declare that to the best of our knowledge and belief the above information and the information supplied in respect of our employees and their eligible dependants is true and complete. We understand that Pre-Existing Conditions as defined in the Group Plan Rules will not be covered unless specifically mentioned on the individual Certificates of Insurance. It is agreed that this declaration and the information given in this Application Form/Employee Application Forms shall form the basis of the contract(s) between the Company, Insured Persons and the Insurer. We understand and agree that no cover will be provided under the proposed insurance plan until the applications for all eligible employees and their dependants have been accepted by the Insurer, and until the appropriate premium has been received by MediCare International Limited.

Signature: _____ Date: _____

(For and on behalf of the employer)