



Broker's stamp

Policy number

Effective date
(Cover may not be backdated)

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

Addition of Dependant Application Form

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK RELEVANT BOXES

Your personal details

Applicant name: _____ Certificate number: _____

Mailing address: _____ Company name: _____
(If applicable)

Postcode: _____ Country: _____

Persons to be insured

Surname	First Names	Relationship	Date of Birth	Sex	Country of Residence	Area of Cover Required

*Any children to be included must be aged under 18, or 24 if still in full-time education. Evidence will be required.
The cover provided for the above dependants will match that currently provided for the main insured.*

Declaration

I hereby apply for the above-named persons to be enrolled in the Plan. I declare to the best of my knowledge and belief that the information given in this Application is true and complete. For my benefit and protection, I have read the Plan Rules carefully, (including the Rules relating to newborn children) and requested further information on any points I do not understand. I understand the Rules to be part of any contract of insurance issued as a result of this Application. I agree that they will be binding on me and all eligible dependants included in my membership. I acknowledge on behalf of all the persons to be insured that benefits will not apply to treatment arising from any Pre-Existing Conditions, as more fully defined in the Plan Rules. (This does not apply if you are insured under a Group Plan where the Pre-Existing Condition exclusion has been waived.) It is agreed that this declaration and the information given in this Application shall form the basis of the contract(s) between the Insured Person(s) and the Insurer.

Signature of applicant: _____ Date: _____
(On behalf of all persons to be insured)

Data Protection Act

The information you have provided will become part of the personal data held by MediCare International Limited and will be used for the provision and administration of insurance products and services. MediCare International Limited may disclose your personal data to insurance companies and to their agents for underwriting, claims handling and fraud prevention services. In addition, it may seek information from insurance companies to check the answers you have provided. Full details of MediCare International Limited's processing of personal data appear in the register maintained by the Information Commissioner.