Group Plan

MediCare INTERNATIONAL

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
One Hundred Whitechapel
London E1 1JG, England
Telephone: +44 (0)20 7816 2033
Facsimile: +44 (0)20 7816 2188
E-mail: medicare@medicare.co.uk
Website: www.medicare.co.uk

Group Employee Application Form

PLEASE COMPLETE IN BLOCK CAPITALS AND TICK RELEVANT BOXES

Your personal details

Company name:

Employee name:

Mailing address:

Postcode: Country:

Occupation: Nationality:

(Which will be used to establish the Home Country of the Applicant and Dependants)

Cover required – As selected by your employer

International Plan ☐
International Plus Plan ☐
Executive International Plan ☐
Waiver Outpatient Excess ☐

Area 1 Worldwide ex USA, Canada & Caribbean ☐
Area 2 Worldwide ☐

Persons to be insured

Surname	First Names	Date of Birth	Sex	Country of Residence	Area of Cover Required
Employee:					
Spouse/Partner:					
*Child:**					
*Child:**					
*Child:**					
*Child:**					

**Up to the age of 18 or 24 if still in full-time education. Evidence will be required.*

Please provide details of your regular treating physician or any physician with whom you have consulted in the last two years.
Physician:

Declaration

I hereby apply to be enrolled in the Plan together with the persons to be insured listed above. I declare to the best of my knowledge and belief that the information given in this application is true and complete. 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, which I have read and understood. 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 and will be used for the provision and administration of insurance products and services. MediCare International may disclose your personal data to other insurance companies for underwriting, claims handling and fraud prevention purposes. In addition, we may seek information from other insurance companies to check the answers you have provided. Full details of MediCare International's use of personal data appear in the Data Protection Register.

OFFICE USE ONLY

Inception date: Policy period:

Member number: Group number: