

Policy ID / Principal's Membership Number

PLEASE ENSURE THAT ALL RELEVANT SECTIONS ARE COMPLETED.

SECTION 1 - MEMBERSHIP PLAN OF PRINCIPAL MEMBER (TICK AS APPROPRIATE)

Diamond Plan

Emerald Plan

SECTION 2 - PERIOD OF CURRENT MEMBERSHIP POLICY

From: DD / MM / YYYY

To: DD / MM / YYYY

SECTION 3 - PRINCIPAL MEMBER'S DETAILS

Surname:

Title:

First Name(s):

Residential Address:

Mobile:

Residential Tel:

Business Tel:

Email:

Company Name:

SECTION 4 - BABY DETAILS

Surname (if different from Principal Member):

Estimated Date of Delivery (EDD):

DD / MM / YYYY

Intended Country of Birth:

REQUIRED POST DELIVERY: Full Name; Gender; Date of Birth; Copy of Birth Certificate; Copy of Photo Identification (when available)

SECTION 5 - DECLARATION (PLEASE READ CAREFULLY)

1. On behalf of myself, the principal applicant, and for each person included on this application, I authorise the aforementioned cited doctors to provide Health International with such information as they may seek in connection with this application.
2. I authorise Health International to have unrestricted access to my medical records and the medical records of each person included on this application, but require their confidentiality to be maintained.
3. I understand that any false statement made in this document or the non-disclosure of any material information may render the membership null and void.
4. I understand that any condition for which I or any person included on this application have received medical advice or treatment at any time in the past may be excluded from the benefit.
5. I agree to accept written communications from the authorised representatives of Health International of any conditions excluded from the benefits.
6. I accept I will have to refund to Health International any benefit paid out but not covered by the Terms and Conditions.
7. I understand that Health International will collect and process my personal data as per Clause 9.10 of the Terms and Conditions.

It is the Principal Member's responsibility to advise Health International or their Agent of the baby's date of birth, name and gender.

DECLARATION OF APPLICANT

I agree with the terms and conditions of membership and I hereby apply for membership.

Applicant Signature _____

Date (DD / MM / YY) _____

AUTHORISED REPRESENTATIVES OF HEALTH INTERNATIONAL

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