

Health Insurance Department Compulsory (Self-employed) Application for Enrolment

Plan Type: FutureCare HIP

FOR OFFICIAL USE										
Policy Number:										
Effective Date (d/m/y): Existing AR Number if Re-enrolling:										
Approved By and Date (d/m/y):	-									

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New Customer Re-enrolment* Applicant Details (Please Print)										Approved By and Date (d/m/y):														
Applica	nt De	tails (Please	Prin	ıt)							L												
Name:																								
	(Mr./	Mrs./	Miss/N	liss/Ms.) (First Name)											,									
	(Mid	dle N	ame)							_	(Last	Nam	e)											
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Date of	Birth (dd/mr	n/yy):		/		/				Te	lepho	ne N	lum	ber:									
Email A	ddress	s:																						
Social Ir	nsuran	ce Nı	ımber:					Се	rtificat	e of	Entitle	emen	t # (i1	f app	olica	able):				\top			
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*Please	note:	For F	Re-enro	olmer	nts, a d	discu	ssion	with	a Cu	stom	ner Se	rvice	Rep	rese	ntat	ive	is re	quir	ed.					
Lapsed	period	: Fron	n Date	(dd/r	nm/yy): [/				То [Date:	(dd	/mm	n/yy):		_/[/		
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I declare	e that t	he inf	ormati	on ab	ove is	acc	urate	to th	e bes	t of r	my kn	owled	ge.			_								
Signed:										Date	e (dd/	mm/y	y):			/		1						
Premiun																								

Premium Payment: The first premium is to be paid on enrolment. If payment is made by cheque and there are insufficient funds when cashed, the policy will be put in lapsed status. Claims will be denied until premium payment is made. Subsequent premium payments are due the 1st of each month. Failure to pay the premium within <u>SIXTY DAYS</u> will result in cancellation of insurance coverage.