

The Guernsey Oddfellows Health Care Plan

Application Form (Part A)

In the case of Family Membership the first name stated below (or the surviving partner) will be the person (principal member) who will assume responsibility for the payment of the total contributions for the family and to whom all communications and all benefit payments for the whole family will be sent. Part B must be completed for EACH applicant listed in Part A. Any future additions will require a Part B to be completed.

Please give name (sole or principal member) and address to which all communications are to be sent:

Full name	Mr/Mrs/Miss/Ms		
Address			
Post code			
Tel	Mobile		
Email			

Please complete details below for each applicant

Surname	First names	Date of birth	Occupation <i>(if applicable)</i>

Which Plan are you applying for (please tick appropriate box):

Medical Plan		Medical Plan with additional Plan 3	
Medical Plan with additional Plan 1		Medical Plan with additional Plan 4	
Medical Plan with additional Plan 2		Medical Plan with additional Plan 5	

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The Committee of Management may require the application to be supported by evidence of age and a medical report in respect of any person named in this application form. Any fee for such a report or that payable in obtaining any necessary medical information shall be payable by the applicant. The Committee shall give written notice to an applicant of acceptance or refusal as beneficiaries of any of the persons named in the application or of any special condition to which an application will be subject. No reasons will be given for any such decision.

I declare that the answers to the questions are true and I hereby agree that this declaration shall be the basis of a contract under the above mentioned Plan, and if any of the statements herein contained in respect of any of the applicants should later prove to be false the Society shall have the power to declare void the whole contract in respect of all beneficiaries and the sums paid by me/us or any sums paid on my/our behalf in respect of the Scheme shall be forfeited.

I further declare that I understand and accept the Terms and Conditions.

Signature (principal member)	
Date	

Please return completed forms to:

Oddfellows Loyal Guernsey District Lodge
Oddfellows Hall
8 Lefebvre Street
St Peter port
Guernsey
GY1 2PE

For official use only:
Date received
Date approved
Signed
Membership No.