

The Guernsey Oddfellows Health Care Plan

Application Form - Group (Part A)

Application to join the Oddfellows Health Care Plan as part of the Group Scheme operated by:

--

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 contributions for the family which are not paid by the above company and to whom all communications and all benefit payments for the whole family will be sent. Group (Part B) must be completed for EACH applicant listed in Group (Part A). Any future additions will require a Group (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 (if applicable)

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

Group Medical Plan	
Group Medical Plan with additional Plan A	
Group Medical Plan with additional Plan B	
Group Medical Plan with additional Plan C	

The Committee of Management may require supporting evidence of age and a medical report in respect of any person named in this application form. The applicant will be responsible for payment of any costs associated with obtaining the required medical report. The Principle Member will be advised of those applicants accepted into the Scheme, and any special conditions which will apply.

The Oddfellows will only discuss claim and membership matters directly with the Principal Member or an adult claimant, and not with the company.

I declare that the answers to the questions on Application Form Part A and B are true and I hereby agree that this declaration shall be the basis of a contract. If any of the statements herein contained in respect of any of the applicants should later prove to be false the Society may declare void the whole contract in respect of all beneficiaries, and any contributions paid will be forfeited.

I further declare that I understand that the Group Scheme is only available to myself and my dependants as long as I am part of the Corporate Group Scheme. On leaving that Scheme the standard Oddfellows Health Care Plan rates will apply if membership is continued.

I authorise the Oddfellows to include all names of applicants accepted into the Scheme in a list to be exchanged with the company, together with appropriate contribution details.

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
Group Id.
Membership No.