

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/Other
Address	
Post code	
Tel	Mobile
Email	

Please complete details below for each applicant

First names	Surname	Date of birth	Occupation (if applicable)

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

Medical Plan			
Medical Plan with additional Plan 1		Medical Plan with additional Plan 4	
Medical Plan with additional Plan 2		Medical Plan with additional Plan 5	
Medical Plan with additional Plan 3		Medical Plan with additional Plan 6	

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 (or declined) into the Scheme, and any special conditions which will apply. No reason will be given for any such decision.

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 under the above mentioned Plan. If any of the statements herein contained in respect of any of the applicants should later prove to be false, the Society may declare the whole contract void in respect of all beneficiaries and any contributions paid will 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.