

Group Policy Additions/Deletions Form



Please email completed form to GPMICorporate@imglobal.com

Group Name:

Policy Number:

Additions

Please include Dependant details if applicable (M=Member; P=Partner; C=Child)

Surname	First Name	M/P/C	Policy no for Dependant addition	Date of Birth DD/MM/YYYY	Product	Area of cover	Gender	Nationality	Country of Residence	Effective date DD/MM/YYYY	Date member joined the company

Deletions

Surname	First Name	M/P/C	Customer Number	Effective date DD/MM/YYYY

Medical History Declaration

Has any employee listed above been signed off work for any medical reason for a period of more than two weeks in the past year? <input type="checkbox"/> Yes <input type="checkbox"/> No	To the best of your knowledge, does any member listed above have any medical condition that is likely to result in the need for an in-patient stay in hospital? <input type="checkbox"/> Yes <input type="checkbox"/> No
To the best of your knowledge, in the past 5 years has any member listed above been diagnosed with, or received any form of treatment/consultation for a heart condition, cancer, stroke, diabetes, anxiety, depression, psychiatric, back issues or an immune system disorder. <input type="checkbox"/> Yes <input type="checkbox"/> No	If you have answered yes to any of the questions above, please provide details.

Group Secretary's Signature:

Date:

KINDLY NOTE COVER CAN ONLY BE BACKDATED A MAXIMUM OF 28 DAYS OTHERWISE ALL ADDITIONS ARE FROM THE EFFECTIVE DATE NOTIFIED.
ALL DELETIONS ARE EFFECTIVE FROM THE DATE NOTIFIED. PREMIUM ADJUSTMENTS ARE CHARGED ON A MONTHLY BASIS.