

QUOTATION FORM: GROUPS

CORPORATE SCHEMES FOR OVER 100 ADULTS



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Please complete this form in English and BLOCK CAPITALS.
This form is for specially underwritten health insurance policies.

1. GENERAL DETAILS

Company / Employer name: _____

Nature of business: _____

Scheme administrator name: _____ Email: _____

Phone no: _____ Mobile no: _____ Fax no: _____

Correspondence address: _____

Desired policy inception date:

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2. ELIGIBILITY

Company size: _____ employees This insurance will apply to: All employees Some employees only

If 'some employees only' state which class/es of employees (e.g. office, blue collar, etc.): _____

3. GROUP PROFILE

Total no. of employees: _____ Total no. of spouses: _____

Total no. of children*: _____ Total group membership: _____

Scheme enrolment will be: Compulsory Voluntary Company share of premium: _____ %

4. SCHEME MEMBER BREAKDOWN

Age	No. of Employees		No. of Spouses		No. of Children*	
	Male	Female	Male	Female	Male	Female
0 - 17						
18 - 25						
26 - 29						
30 - 34						
35 - 39						
40 - 44						
45 - 49						
50 - 54						
55 - 59						
60 - 64						
65 - 69						
TOTAL						

*Children must be under 18 years old, or under 24 years old if in full-time education



8. COUNTRIES OF RESIDENCE & NATIONALITIES

Country of Residence	No. of Employees

Nationality	No. of Employees

9. ADDITIONAL REQUIREMENTS

10. SIGN AND RETURN QUOTATION FORM

This section should be signed by the Scheme Administrator, who is an Authorised Person who can apply on behalf of the Employer and all persons to be insured, and does so with their full consent.

Scheme Administrator Name: _____ Position: _____

Scheme Administrator Signature: _____ Date:

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