

GROUP HEALTH INSURANCE (Application Form)

Employer/Group Name:

Registration No. /Certificate of incorporation:

Contact person:

Telephone numbers: Email address:

Postal Address:

Physical Address:

Nature of business:

Insurance period:

DECLARATION

1. As a participating employer we hereby apply for membership for our employees.
2. On behalf of our employees we accept;
 - a. The benefits provided in accordance with the terms and condition of the policy
 - b. The rules of the policy together with any amendments from time to time.
3. We consent to our employees and their listed dependants participating in the contracts to which this proposal relates being called upon to submit to such medical examinations and tests as the scheme deems necessary during the currency of the said contracts and of the scheme addressing such request directly to our employees or their dependants with the same legal consequences as if such had been addressed to us.
4. We acknowledge and accept that the UAP reserves the right to cancel membership of the policy if any premium is not paid on due date, in case of breach of any warranty or conditions as provided.
5. We understand that the policy assumes no liability for any employee until such a time as a notice of acceptance of the risk is given and payment of the premium is done.
6. We understand that the Insurer will not be responsible for any new employees or dependants who are not declared to the Insurer prior to occurrence of the Insured events.
7. We agree to assist the insurer in applying scheme rules and in particular undertake to assist the insurer in dealing with employees or their dependants who abuse medical insurance benefits under the policy.
8. We agree to furnish the insurer with personal particulars of each employee and dependants to be included in the policy and proposal forms.

This declaration forms part and parcel of the contract between us and the UAP Insurance Company Limited.

Signed at _____ on this _____ day of _____

Authorized signatory and stamp _____

