

Name of Employer:	
Business Address	Registered Address (if different):
Names and Addresses of Subsidiary and Associated Employers (if to be included in this Plan):	
Start Date:	Industry Type:
Categories of Membership (i.e. All staff, specific grades, length of service, etc.):	
No. of Employees:	No of Employees to be Covered:
The Employer is bearing the cost of cover for: (Please tick)	
Employee only <input type="checkbox"/>	Employee, Spouse and all Dependent Children <input type="checkbox"/>
Employee and Spouse <input type="checkbox"/>	Employee and all Dependent Children <input type="checkbox"/>
Product Required: Product Option - SmartHealth <input type="checkbox"/> If flexed down, please select:	
Excludes Psychiatric <input type="checkbox"/>	Excludes Health Management <input type="checkbox"/> £1200 Outpatient Limit <input type="checkbox"/>
Is dental being selected: Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, option selected: Pearl <input type="checkbox"/> Diamond <input type="checkbox"/>
Excess Amount (if any): £	
Billing Preference: Recipient: Employer Only <input type="checkbox"/> Employer & Broker <input type="checkbox"/> Broker Only <input type="checkbox"/> <small>(choose one option)</small>	
Format: Hard Copy <input type="checkbox"/> Electronic (e-mail notification) <input type="checkbox"/> Electronic (invoice download) <input type="checkbox"/> <small>(choose one option)</small>	
E-mail Address(es):	
Recipient of Membership Packs: Employer <input type="checkbox"/> Employee <input type="checkbox"/> Broker <input type="checkbox"/>	
If previously insured, what are the existing underwriting terms: Full Medical Underwriting <input type="checkbox"/> Moratorium <input type="checkbox"/> Medical History Disregarded <input type="checkbox"/>	
BROKER OR AGENT STAMP (to include address, contact and tel no)	I/We confirm that the above statements are true and complete. I/We hereby propose to CIGNA Life Insurance Company of Europe S.A.-N.V. for the CIGNA SmartHealth Plan to start on the commencement date and agree to abide by the terms of that policy and in particular to pay on the due dates the premiums required under the terms of the policy. Signature (on behalf of proposing employer) _____ Date _____