

Please complete all sections of this form in **BLOCK CAPITALS**.

Name of Company:	<input type="text"/>		
Address:	<input type="text"/>		
	<input type="text"/>	Postcode:	<input type="text"/>
Name(s) of any subsidiary company/companies to be included:	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
Date of Entry:	<input type="text"/>	Number of employees to be insured:	<input type="text"/>
Staff eligibility (e.g. all staff, staff attaining a certain grade/salary, level/length of service, etc.):	<input type="text"/>		
	<input type="text"/>		
Your intermediary/agent:	<input type="text"/>		
	<input type="text"/>		

Declaration

I/we hereby declare to the best of my/our knowledge that no **Insured Person** has received **In-Patient Treatment** of any kind within the last three months, and that no **Insured Person** or potential **Insured Person** has any on-going or planned **In-Patient Treatment** of any kind. Furthermore, I/we declare that to the best of my/our knowledge, no **Insured Person** or potential **Insured Person** has any on-going or planned **Treatment** in respect of cancer, heart, lung, orthopaedic or psychiatric related conditions.

I/we accept that any personal exclusions/limitations relating to an **Insured Person's** or potential **Insured Person's** existing cover will be maintained by Goodhealth.

For Data Protection Act purposes Goodhealth will hold and process **Your** personal data for insurance administration. The information may only be passed to selected third parties and re-insurers.

I confirm and agree that the personal information collected or held by Goodhealth, whether contained in this application form or otherwise obtained may be used by Goodhealth, or disclosed to or transferred to any organisation within the Aetna Group (of Companies), their suppliers and partners, worldwide for the purpose of 1) assessing this application and providing on-going insurance and customer service, 2) processing and giving effect to credit card payment, 3) providing marketing material in respect of insurance-related services of Goodhealth or its associated companies and 4) processing claims or analysing the insurance.

You consent to **Our** processing sensitive data about **You** and other **Insured Persons** or potential **Insured Persons** who may be included in the **Policy**. **You** understand that all personal data **You** supply must be accurate and **You** have the specific consent of those **Insured Persons** or potential **Insured Persons** to disclose their personal data. Telephone calls may be monitored and/or recorded.

Signature of applicant:

Date:

day	month	year
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Position in company:

Contact Details:

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