



# GROUP HEALTH INSURANCE APPLICATION

## How to Complete this Form

1. Please use capital letters on this application form.
2. Please attach member census in Excel including:
  - First name
  - Last name
  - Date of birth (DD/YY/MM)
  - Location
  - Nationality
  - Status (Employee / Partner / Child)
  - Level of cover
3. Please submit completed application and census to [info@regency-eb.com](mailto:info@regency-eb.com)

## Group Coverage Details

Quote Reference Number

Start Date

## Company Details

Full Registered Name

Industry

Registered Address

Correspondence Address  
(If Different)

Website Address

## Group Administrator Details

Full Name

Position

Phone Number

Email Address

## Credit Card Details (Payment frequency annually)

### Card Type

Visa

MasterCard

Credit Card Number

Expiry

Name on Card

CVC

Issuing Location

Full Billing Address  
(Including postcode,  
territory, state, province)

## Use of Personal Data Policy

Regency Employee Benefits only collects personal data that it believes is relevant in connection with your Regency Employee Benefits cover. Failure to supply personal data requested on this form may result in Regency Employee Benefits being unable to provide or continue to provide client management services and/or related services or products which Regency Employee Benefits may from time to time offer or provide, or to comply with applicable laws or guidelines issued by applicable regulatory authorities.

For the purposes of administering your Regency Employee Benefits cover and our business relationship with you, Regency Employee Benefits shares your personal data with its employees, auditors, contractors and consultants and other parties, including its parent and affiliated companies who require such information for those purposes. These include third parties that provide services to us or on our behalf and third parties that collaborate with Regency Employee Benefits in the provision of services to you.

If you wish to update, access or correct your personal data collected by Regency Employee Benefits, or otherwise have questions about Regency Employee Benefits' data protection policies and procedures, you may make such request at any time, with your name and contact number to our Chief Compliance Officer.

## Your Declaration

I/We declare that all information provided in this application form, including this declaration and any supporting documentation are complete and true to the best of my/our knowledge and belief.

I/We understand that I/We have the right to cancel and obtain a refund of any premium under the terms of the "Cooling-Off" period.

I/We understand that in the event of any doubt about the content of any documents provided by Regency Employee Benefits or the terms of any insurance provided by Regency Employee Benefits I/We should obtain independent professional advice prior to the completion of this application form.

Name

Position

Group  
Administrator  
Signature

Date