

Healthcare Enrolment

You are entitled to receive the following benefit(s) but membership is optional. You must complete this form if you would like to be included.

Name : _____ Date of birth : _____

Private Medical Insurance : Rimini Street will pay the premium for you and your dependants (if applicable)

Cover	Tick if required
Single	
Couple	
Single Parent	
Family	

Please consider the policy and tax implications then select the appropriate level of cover

Private Dental Insurance : Rimini Street will pay the premium for you

Dependants can be added at your own personal expense and will be deducted from salary on a monthly basis.

Cover	Tick if required
Single	
Couple	
Single Parent	
Family	

Please consider the policy and tax implications then select the appropriate level of cover

Dependants

Please list below your dependants that should be added to the plan:

Name	Date of Birth	Gender	Relationship

Address:

Any employer funded healthcare benefit will be treated as a Benefit in Kind and declared on your P11d.

Please note that premiums are not guaranteed and are subject to change. Any change in premium will have an impact on your tax liability.

By completing this form, you are requesting immediate enrolment* and understand the tax implications associated with the above listed benefits.

Signed: _____ Date: _____

*Immediate enrolment is from the 1st of the next full month.