## **Healthcare Enrolment**

pe included.					
Name :			Date of birth :	Date of birth :	
Private Medic	cal Insurance : Rimini St	reet will pay the premiun	n for you and your dependants (if	f applicable)	
	Cover	Tick if required	1		
	Single		Please consider the policy		
	Couple		tax implications then select the appropriate level of cover		
	Single Parent				
	Family				
Private Denta	al Insurance : Rimini Stre	eet will pay the premium	for you		
Dependants ca	an be added at your ow	n personal expense and w	rill be deducted from salary on a m	nonthly basis.	
	Cover	Tick if required	1		
	Single	rion ii required	Dioces compiler than 19	nu and	
	Couple		Please consider the polic		
			tax implications then select the		
	Single Parent				
-	Single Parent Family ow your dependants tha	at should be added to the	appropriate level of cove		
Please list belo	Family		appropriate level of cove	er	
	Family	at should be added to the  Date of Birth	appropriate level of cove		
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Please list belo	Family		appropriate level of cove	er	
Name  Address:	Family  ow your dependants tha	Date of Birth	plan:  Gender	Relationship	
Please list belo  Name  Address:	Family  ow your dependants that  r funded healthcare bene	Date of Birth  Efit will be treated as a Be	plan:  Gender  nefit in Kind and declared on your	Relationship	
Name  Address:	Family  ow your dependants that  r funded healthcare bene	Date of Birth  Efit will be treated as a Be	plan:  Gender	Relationship	
Name  Any employer Please note that liability.  By completing	r funded healthcare beneat premiums are not gu	efit will be treated as a Be	plan:  Gender  nefit in Kind and declared on your	Relationship  r P11d. m will have an impact on your	
Name  Any employer Please note that liability. By completing listed benefits	r funded healthcare beneat premiums are not gu	efit will be treated as a Be laranteed and are subject esting immediate enrolme	appropriate level of cover plan:  Gender  Gender  nefit in Kind and declared on your to change. Any change in premiur	Relationship  r P11d. m will have an impact on your cations associated with the abov	

<sup>\*</sup>Immediate enrolment is from the 1st of the next full month.