



5. Was the child admitted to a Special Care Baby Unit or similar Intensive Care Unit? Yes No

If yes, please answer questions 6, 7 and 8. If no, please go to question 9.

6. If the child is still in hospital, how long will they need to be there for? .....

7. If the child has already been discharged, how long was the child in hospital for? .....

8. Please give details of all medical conditions and send us an up to date medical report:

.....  
 .....  
 .....

9. Was the child born with any congenital abnormalities or birth defects? Yes No

If yes, please give further medical information and send us an up to date medical report:

.....  
 .....  
 .....

**D Cover start date**

With our agreement, cover will begin from the child’s date of birth. We will confirm acceptance of the application in writing.

**E Optional add-on plans and benefits**

If you have an optional travel add-on plan, do you want your child added to the plan? Yes No

If yes, please give your optional travel add-on plan number: .....

If you have an optional personal accident add-on plan, your child will not be added to the plan because of minimum age restrictions.

**F Doctor’s or medical practitioner’s details**

Please give the contact details of your family doctor or medical practitioner. If you do not provide this information, it may delay us in processing any claims.

Name:	Name:
Hospital, clinic or practice:	Hospital, clinic or practice:
Phone:	Phone:
Fax:	Fax:
Email:	Email:
Address:	Address:
Postcode:	Postcode:

1 January 2011

## G Declaration

I am applying for my newborn child to be covered under the plan or plans I have with you. As far as I know, the information in this application is true and complete. I have read, understood and agree to keep to the terms and conditions shown in the plan guide. This declaration and information in this application will form the basis of the contract between me and you. After reading all the terms and conditions and documents you have given me, I am satisfied that the plan or plans I have with you meet my needs at this time.

I authorise the doctor named in section F or any other medical establishment, including any other health professional who has treated my child, to give you any information you may need in connection with any claim made under this plan.

If I do not provide the information asked for in section F, I understand that any claim made for my child may be delayed or rejected.

**(For your own benefit and protection, you should read the terms and conditions shown in the plan guide carefully before signing this declaration. If you do not understand any point, please ask for more information.)**

Signature:	Date (dd/mm/yyyy):
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You can find our full terms and conditions and details of our privacy policy at [www.interglobalpmi.com](http://www.interglobalpmi.com).