



# Health Insurance Department Compulsory Application for Enrolment

Plan Type:  FutureCare  HIP

New Customer  Reinstatement\*

**FOR OFFICIAL USE**

Policy Number: \_\_\_\_\_

Effective Date (d/m/y): \_\_\_\_\_

Existing AR Number if Re-Instatement:  
\_\_\_\_\_

Approved By and Date (d/m/y): \_\_\_\_\_

**Applicant Details (Please Print)**

Name:    
**(Mr./Mrs./Miss/Ms.)** **(First Name)**

**(Middle Name)** **(Last Name)**

Mailing Address:

Parish:  Postal Code:

Date of Birth (dd/mm/yy):  /  /  Telephone Number:  -

Email Address: \_\_\_\_\_

Social Insurance Number:  Certificate of Entitlement # (if applicable):

Are you a resident of Bermuda?  Yes  No

**\*Please note:** For Reinstatements, a discussion with a Customer Service Representative is required to ensure proper calculation of premium.

**Employment**

Name or Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number:  -  Occupation: \_\_\_\_\_

Employment Start Date (/mm/yy)  /  /

**Insurance Declaration**

Previous Insurer:

Date Started (dd/mm/yy):  /  /  Date Expired (dd/mm/yy):  /  /

Have you had HIP or FutureCare Insurance before?  Yes  No

**\* Please Note:** Maternity benefits are not covered for 10 months from the effective date of the policy.  
 Artificial limbs and appliances benefit are not covered for 12 months from the effective date of the policy.  
 Personal home care services benefits are not covered for 12 months from the effective date of the policy.

I declare that the information above is accurate to the best of my knowledge.

Signed: \_\_\_\_\_ Date (dd/mm/yy):  /  /

**\*Premium Payment:** The first premium is to be paid on enrolment. If payment is made by cheque, the completed application will be held for at least 10 business days to account for the cheque-clearing process. Once completed, the policy will commence as of the effective date.

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