

## Benefits enrolment form HELENA CONSULTANTS Ltd

**M**     **Ms**     **Mss**    Family and first name

Maiden name

Date of birth     Day     Month     Year    Tel     Mobile

E-mail address     Fax

Address

Postal/Zip code     City     Country

Family status     **C** Single     **M** Married     **V** Widowed     **D** Divorced

### DESIGNATION OF BENEFICIARIES FOR THE DEATH BENEFIT

My spouse unless legally separated or divorced, otherwise divided equally among my surviving children. If there are no children, divided equally between my surviving father and mother. If there are no parents, divided equally among my existing heirs.

If the above allocation does not meet your requirements, or if at any time you decide to modify it, please cross the above and use the space hereunder, or send us a hand-written letter to indicate another beneficiary or beneficiaries.

### EFFECTIVE DATE OF COVERAGE REQUESTED (if known) :

Day    Month    Year

I have kept copy of this document for my records. I accept the terms and conditions of the coverages subscribed to by Helena Consultants Ltd.

I permit Helena Consultants Ltd to select organisms in my best interests and to eventually represent me to them. I permit Helena Consultants Ltd to receive the reimbursements and indemnities falling due.

The coverage takes only over the consequences of these accidents and illnesses occurring during its validity period after its effective date.

I may examine and correct any personal information maintained on my behalf in the files of Helena Consultants Ltd's plan administrator and of the insurer. (Computerized Data and Civil Liberties)

Signature preceded by "Read and approved"

Place  date  Please also complete the medical questionnaire overleaf

