

# LIST INVOICE ADDITION



<b>Employer Name</b>	
<b>Street Address</b>	
<b>City</b>	<b>State</b>
<b>Country</b>	<b>Postal Code</b>
<b>Contact Person</b>	<b>Phone Number</b>
<b>Name of Applicant</b>	
<b>Premium amount for payment mode chosen</b> (payment mode must be the same for all individuals) modal factor must be the same as current list bill (.1 monthly, .28 quarterly, .55 semi-annually, 1.0 annually)	
<b>Requested effective date of new applicant</b> (coverage does not become effective until formal acceptance has been made by IMG <sup>SM</sup> )	

Contact Person Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Broker Signature \_\_\_\_\_

**Note: The Global Medical Insurance<sup>SM</sup> List Invoice is provided as a convenience to the above addressee. Certificates are issued on an individual basis to those applying for Global Medical Insurance.**

**\*\*PLEASE ATTACH APPLICATION WITH THIS FORM\*\***