



Nationwide Medical Insurance

P.M.B. 108, Airport, Accra- Ghana

Tel: 0302-251107/ 251108

Call Center: 0800 222 222

NATIONWIDE MEDICAL INSURANCE

1. Group/Company Name:			
2. Address in full:			
3. Tel. No. (s):		Tel. No. 2:	
4. Corporate email:			
5. Contact Persons Name:			
6. Contact Persons Tel No.:		Tel. No. 2:	
7. Contact Persons Email:			
8. Nature of Business:			
9. Total Number of Employees/Members to be covered:			
ESSENTIAL CARE	No. of Principal Members:	No. of Dependents:	
EXECUTIVE CARE	No. of Principal Members:	No. of Dependents:	
PREMIERCARE	No. of Principal Members:	No. of Dependents:	
PREMIER PLUS	No. of Principal Members:	No. of Dependents:	
PRIVILEGE CARE	No. of Principal Members:	No. of Dependents:	
INTERNATIONAL CARE	No. of Principal Members:	No. of Dependents:	
TOTAL PRINCIPAL MEMBERS		TOTAL DEPENDANTS	
8. Please state your medical expenditure for the previous two years (actual estimate).			
	Year	Amount	
1.			
2.			
9. Preferred Premium Payment Frequency (Please Tick):			
Annually	<input type="checkbox"/>	Semi-Annually	<input type="checkbox"/>
		Quarterly	<input type="checkbox"/>
10. I hereby declare to the best of my knowledge that the above information is correct			
Name:			Signature:
Designation:			Date:
PROPOSED START DATE:(DD/MM/YYYY)			
**** NOTE			
Please attach the list for the members and their respective benefit options to this form.			

Company Stamp