

**HEALTH INSURANCE INTERMEDIARIES  
ADDENDUM**

1. Please detail the approximate percentage of your commission/brokerage/fees split between retail and corporate clients.

<b>Retail Clients</b>	<b>%</b>	<b>Corporate Clients</b>	<b>%</b>
Internet Sales		Company Paid (Fully and Partially)	
Other Sales		Payroll	
		Direct Debit	
		<b>TOTAL</b>	100

2. Please complete the following table:

	<b>Premium (Approx)</b>	<b>Commission/Brokerage</b>	<b>Fees</b>
<b>Next Year (est)</b>			
<b>Current Year</b>			
<b>Last Year</b>			

3. Are you authorised to handle or settle claims? YES  NO

4. Do you provide clients and/or members with any brochures/leaflets etc that have not been prepared by the Health Fund/Insurer? YES  NO   
*If Yes, please provide copies*

5. Please list below the "Top 5" Health Funds/Insurers recommended.

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you a current member of PHIIA (Private Health Insurance Intermediaries Association Inc.)? YES  NO

*If Yes, which membership category are you?*  
Associate  Corporate  Ordinary

I/We hereby declare that the above statements are true, that I/We have not suppressed or mis-stated any facts, and that should any of this information alter between the date of this Addendum and the inception date of the proposed insurance, I/We will give immediate notice to the Underwriters. I/We also confirm that I/We am/are authorised to act for and on behalf of all persons who may be entitled to indemnity under the proposed insurance and that I/We complete the Proposal Form and this Addendum on their behalf.

Name(s) of Firm .....

Date: .....

Signed: .....