

# APPLICATION FOR INSURANCE COVERAGE

I, the undersigned:

Mrs.

Ms

Mr.

\* TICK THE APPROPRIATE BOX

**FAMILY NAME** .....

**First Name(s)** .....

**Date of Birth** .....

**Full Address** .....

.....

.....

having taken note of the proposed insurance solutions, herewith subscribe to the following insurance plans:

\* **PLAN « A »**    **Category**    **I   II   III   IV   V   VI   VII**

\* **PLAN « B »**    **Category**    **I   II   III   IV**

\* **CIRCLE YOUR CHOICE OF PLAN AND CATEGORY**

Date .....

Signature .....

Please send all correspondence to :

**CPIC**

**51, rue du Stand - Postal Box 5683 - CH-1211 GENEVA 11**

January 2000