

**HEALTH INSURANCE INTERMEDIARIES
ADDENDUM**

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

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

2. Please complete the following table:

	Premium (Approx)	Commission/Brokerage	Fees
Next Year (est)	\$	\$	\$
Current Year	\$	\$	\$
Last Year			

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.

6. Are you a current member of PHIA (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: