

# Health Insurance & Protection

## REGISTRATION FORM

This form is invalid unless **FULLY** completed, signed and dated.

Title: \_\_\_\_\_ First Name: \_\_\_\_\_ Surname: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Company name: \_\_\_\_\_  
Company address: \_\_\_\_\_  
Post code: \_\_\_\_\_ Country: \_\_\_\_\_  
Business telephone: \_\_\_\_\_ Business fax: \_\_\_\_\_  
Business email address: \_\_\_\_\_



### 1. What is the principal activity of your company?

- |  |  |
|--|--|
| 1. <input type="checkbox"/> Insurance Broker/Intermediary        | 8. <input type="checkbox"/> Bank                           |
| 2. <input type="checkbox"/> Independent Financial Adviser        | 9. <input type="checkbox"/> Legal Services                 |
| 3. <input type="checkbox"/> Appointed Representative /Tied Agent | 10. <input type="checkbox"/> Employee Benefits Consultancy |
| 14. <input type="checkbox"/> Multi Tied Agent                    | 11. <input type="checkbox"/> Accountant                    |
|  | 99. <input type="checkbox"/> Other (please specify) _____  |

### 2. Of the business that you personally write, what % (in terms of premium income) is PMI?

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> 1-5%   | 4. <input type="checkbox"/> 21-50%  |
| 2. <input type="checkbox"/> 6-10%  | 5. <input type="checkbox"/> 51-75%  |
| 3. <input type="checkbox"/> 11-20% | 6. <input type="checkbox"/> 76-100% |

### 3. To which of the following do you/your organisation belong?

- |                                       |   |
|---------------------------------------|---|
| 1. <input type="checkbox"/> B.I.B.A.  | 16. <input type="checkbox"/> IFA Promotion                |
| 4. <input type="checkbox"/> A.I.F.A.  | 17. <input type="checkbox"/> I.F.P.                       |
| 6. <input type="checkbox"/> C.I.I.    | 18. <input type="checkbox"/> P.F.S.                       |
| 8. <input type="checkbox"/> A.M.I.I.  | 13. <input type="checkbox"/> None                         |
| 15. <input type="checkbox"/> G.R.i.D. | 99. <input type="checkbox"/> Other (please specify) _____ |

### 4. What would best describe your principal job function?

- |   |   |
|---|---|
| 1. <input type="checkbox"/> Offering Financial Advice                       | 9. <input type="checkbox"/> Management Consultant         |
| 2. <input type="checkbox"/> Mortgage Adviser                                | 13. <input type="checkbox"/> Solicitor                    |
| 7. <input type="checkbox"/> Employee Benefits Consultant                    | 14. <input type="checkbox"/> Information Technology       |
| 8. <input type="checkbox"/> Senior Management i.e. CEO, MD (please specify) | 15. <input type="checkbox"/> Accountant                   |
|   | 16. <input type="checkbox"/> Sole Trader/Owner            |
|   | 99. <input type="checkbox"/> Other (please specify) _____ |

### 5. Which of the following products do you advise on? (please tick as many as apply)

- |  |   |
|--|---|
| 1. <input type="checkbox"/> Individual PMI               | 9. <input type="checkbox"/> Employee Benefits             |
| 2. <input type="checkbox"/> Group PMI                    | 10. <input type="checkbox"/> Cash Plans                   |
| 3. <input type="checkbox"/> International PMI            | 11. <input type="checkbox"/> Dental Plans                 |
| 4. <input type="checkbox"/> Individual Critical Illness  | 12. <input type="checkbox"/> Pensions                     |
| 5. <input type="checkbox"/> Group Critical Illness       | 13. <input type="checkbox"/> Mortgages                    |
| 6. <input type="checkbox"/> Long Term Care               | 14. <input type="checkbox"/> Life/Term Assurance          |
| 7. <input type="checkbox"/> Individual Income Protection | 15. <input type="checkbox"/> Group Life                   |
| 8. <input type="checkbox"/> Group Income Protection      | 99. <input type="checkbox"/> Other (please specify) _____ |

### 6. How many people work for your company?

- |                                   |                                   |
|-----------------------------------|-----------------------------------|
| 1. <input type="checkbox"/> 1-2   | 4. <input type="checkbox"/> 25-49 |
| 2. <input type="checkbox"/> 3-9   | 5. <input type="checkbox"/> 50-99 |
| 3. <input type="checkbox"/> 10-24 | 6. <input type="checkbox"/> 100+  |

### 7. Is your business part of a network?

- |                                 |                                |
|---------------------------------|--------------------------------|
| 1. <input type="checkbox"/> Yes | 2. <input type="checkbox"/> No |
|---------------------------------|--------------------------------|

If yes please state which one \_\_\_\_\_

### 8. Of the business that you personally write, what % (in terms of premium income) is life/protection?

- |                                    |                                     |
|------------------------------------|-------------------------------------|
| 1. <input type="checkbox"/> 1-5%   | 4. <input type="checkbox"/> 21-50%  |
| 2. <input type="checkbox"/> 6-10%  | 5. <input type="checkbox"/> 51-75%  |
| 3. <input type="checkbox"/> 11-20% | 6. <input type="checkbox"/> 76-100% |

Please sign and date here if you wish to receive a regular free copy of *Health Insurance* magazine.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please return this form to: *Health Insurance* marketing, Informa UK, 119 Farringdon Road, London, EC1R 3DA, UK, or scan it and email to [healthinsurance@informa.com](mailto:healthinsurance@informa.com)

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