

MEMBERSHIP APPLICATION

Membership Number _____
(FOR OFFICE USE ONLY)

Effective Date of Plan _____
(DD/MM/YY)

How did you find out about Royal VIP Health Options? _____

Name of referral: _____

INDIVIDUAL

\$49 per month + GST
\$69 per month + GST (ages 70+)

COUPLE

\$69 per month + GST
\$99 per month + GST (ages 70+)

FAMILY

\$79 per month + GST
\$119 per month + GST (ages 70+)

Royal VIP Health Options Inc. rates are subject to change upon no less than 21 days notice. These rates are for Medical Concierge Service only, and do not include coverage for or cost of medical treatment, medications, travel or accommodations. **NOTE: Second Opinion Service is only available after 90 days of Royal VIP Health membership.** (Please refer to related written documentation which will be provided to you in your Membership Kit)

Name (LAST/FIRST) _____ Date of Birth (DD/MM/YY) _____

Company Name _____

Company Address (NUMBER/STREET) _____

City _____ Province _____ Postal Code _____

Phone # _____ E-mail _____ Fax # _____

Doctor Name _____ Phone # _____ Health Card # _____

Home Address (NUMBER/STREET) _____

City _____ Province _____ Postal Code _____

Phone # _____ E-mail _____ Fax # _____

Preferred Language English French Other _____

Preferred Method of Contact E-mail Canada Post

Please Contact me at Work Home

Please call me to arrange a discounted Executive Medical

SPOUSE (COUPLE AND FAMILY PLANS)

Name (LAST/FIRST) _____ Date of Birth (DD/MM/YY) _____

Doctor Name _____ Phone # _____ Health Card # _____

