

Signed: _

Notes:

Date Reviewed (dd/mm/yy):

Health Insurance Department Application for a Certificate of Entitlement (for persons 65 years of age or older)

FOR OFFICAL USE
Certificate Number:
ID Form Attached: □
Verified by:

Applicant Details (Please Print)		
Name: (Mr./Mrs./Miss/Ms.) (First Name)		
(Middle Name) (Last Name)		
Mailing Address:		
Parish: Postal Code:		
Telephone Number: Nationality:		
Email Address:		
Eligibility Details Date of Birth (dd/mm/yy): / / / Age on Last Birthday: Present Employer (if any):		CSR Verification Only: Eligibility verified: (check if
Please answer ALL questions as they apply to you:	Circle One	correct)
(1) Do you possess Bermudian status? (Please attach a photocopy of passport with Bermudian status stamp or DOI letter)	Yes No	[]
(2) Are you residing in Bermuda at present?	Yes No	[]
(3) Have you resided in Bermuda for ten (10) continuous years during the last twenty (20) years immediately preceding this application?	Yes No	[]
(4) During those ten (10) years have you been absent abroad for more than three (3) months in any year (other than for purposes of educational/vocational training or on holiday)?	Yes No	[]
If yes, please give dates and reasons for each such absence.		Notes:
During those ten (10) years have you been insured for standard hospital benefits		
for at least five (5) years?	Yes No	[]

MANAGER CHECK ONLY

Signature:

Date (dd/mm/yy):

I declare that the information above is accurate to the best of my knowledge.