



OFFICE USE ONLY:
 MoonGate Account #: _____
 Policy Ref: _____

SOFIA HOUSE, 48 CHURCH STREET, HAMILTON | HM FX, BERMUDA. TEL > 441 542 2200 | WWW.MOONGATEBDA.BM

Agent of Record Letter

HealthGap Supplement

Last Name: _____ First Name: _____ Middle Initial: _____
 Unit/Apt Number: _____ Street: _____
 Parish: _____ Postal Code: _____ Date of Birth (dd/mm/yy): _____
 Email: _____
 Home Phone: _____ Business Phone: _____

To Whom It May Concern:

This confirms that, as of the date listed below, I have appointed MoonGate Group to act on my behalf regarding my HealthGap Supplement. MoonGate Group will correspond with vendors to ensure discounted agreements are applied. The appointment of MoonGate Group shall remain in full force until the required one month's notice of cancellation is provided in writing.

Sincerely,

 Client Signature

 Date

Current Health Plan: Please check one

- ARGUS BF&M COLONIAL HIP/FUTURECARE GEHI NONE



Air Ambulance Membership Application

Date: _____

NAME: _____
Last First Middle

DEPENDENTS:

BIRTHDATE

BIRTHDATE: Member: _____

MAILING ADDRESS: _____

Pre-Existing Conditions Are Covered After 90 Days

Parish Postal Code

E-MAIL ADDRESS: _____

PHONE: (441) _____

SIGNATURE: _____

TYPE OF MEMBERSHIP

Individual Family

MoonGate Health Package (Monthly)

REPRESENTATIVE SIGNATURE _____ REP # 0008415 _____

For Further information, call MoonGate at 542-2200 or MASA at 1-800-643-9023

SEND APPLICATIONS TO: MoonGate Group
Sofia House (Ground Floor)
48 Church Street
Hamilton HM FX, Bermuda
www.masa.bm