

**OFFICE USE ONLY:**

Policy Ref: _____



☐ ARGUS ☐ BF&M ☐ COLONIAL ☐ HIP/FUTURECARE ☐ GEH ☐ NONE



OFFICE USE ONLY

MG Account # _____

Policy Reference: _____

Air Ambulance Membership Application

Date: _____

NAME: _____
Last First Middle

DEPENDENTS NAME: _____
DEPENDENTS BIRTHDATE

BIRTHDATE: _____

MAILING ADDRESS: _____

Pre-Existing Conditions Are Covered After 90 Days

E-MAIL ADDRESS: _____

Parish

Postal Code

PHONE: (441) _____

SIGNATURE: _____

TYPE OF MEMBERSHIP

Individual

Family

MoonGate Health Package (Monthly)

REPRESENTATIVE SIGNATURE _____ REP # 0008415

For Further information, call MoonGate at 542-2200.

SEND APPLICATIONS TO:

MoonGate Group
Sofia House (Ground Floor)
48 Church Street
Hamilton HM FX, Bermuda
www.moongatebda.bm





Sofia House, 48 Church Street, Hamilton HM FX, Bermuda
Tel: 542-2205 | Email: info@fortress.bm

OFFICE USE ONLY:

MG Account #: _____

Policy Ref: _____

DIRECT DEBIT FORM

Request and Authority to debit the account named below to pay

Name of Debit User

Address:

Phone:

Email:

I/We request and hereby authorize **FORTRESS Ltd.** and/or MoonGate Group Ltd., to arrange for the contracted amount (you may debit or charge me/us) to be debited through the direct debit arrangement from the account held at the financial institution identified below subject to the terms and conditions of the Direct Debit Request Service Agreement and any further instructions provided below.

Banking Details

Financial Institution Name

Account Number

BMD ONLY

Credit Card Details

Credit Card Number

Expiration (M/D/Y)

CSV (3-Digit Code)

Frequency of Payments: **First month due at sign-up – cash only. Subsequent payments are taken monthly in advance of coverage, on a date chosen below:**

Please Circle the Debit Date: **15th (or next business day)** **31st (or prior business day)** **Premium**

\$

This amount will be increased by a late/collection fee – see schedule on reverse.

POLICY INCEPTION DATE:

DATE DEBIT TO COMMENCE

ADDITIONAL TERMS / CONDITIONS AND SIGNATURE PAGE – ON BACK

DIRECT DEBIT TERMS AND CONDITIONS

Policy Minimum

- The client is required to **purchase a minimum of 3 months'** cover. This is the contractual minimum.

Cancellation Policy

- **The client must give one month's written notice to cancel**, and will be responsible **up to the cancellation date** for all premium and outstanding fees.

Fees

- Late fees - \$25 per month is due on accounts not paid by due date
- ACH - Non-Sufficient Funds (NSF) \$25
- Credit/Debit Card – 5% transaction total

Account Use

- The Bank Account is the primary source of premium payment.
- The Credit Card is the secondary source of premium payment. It will only be used after two failed attempts to collect from the Bank Account.

Acknowledgment

By signing this Direct Debit Request I/we acknowledge having read and understood the terms and conditions above governing the debit arrangements between you and me/us as set out in this Direct Debit Request and in the Direct Debit Agreement/or Terms and Conditions and:

- That Fortress is not liable for any bank-imposed charges pertaining to overdrafts, blocked/closed accounts, etc. as it relates to carrying out the function of this Direct-Debit
- That it is my/our responsibility to ensure sufficient funds are available in the above listed account for the scheduled debit and that I must communicate any changes to Fortress prior to the Direct-Debit Date.

Signature

Today's Date (dd/mm/yyyy)